

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1927

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 65 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		403
d. FULL NAME OF HOSPITAL OR INSTITUTION 1001 JACKSON			d. STREET ADDRESS (If rural, give location) 1001 JACKSON		
3. NAME OF DECEASED (Type or Print) a. (First) MARY			b. (Middle) DONALDSON		c. (Last) DONALDSON
4. DATE OF DEATH (Month) (Day) (Year) 4 30 49		5. SEX FEMALE		6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH 5-9-1859		9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LOCKPORT, NEW YORK	
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13a. FATHER'S NAME JOHN BRENNAN		
13b. MOTHER'S MAIDEN NAME MARY SHARKEY			14. NAME OF HUSBAND OR WIFE WALTER DONALDSON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MARY QUADLANDER, 1205 LINWOOD		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arterio Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 11201			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Feb 12, 1948 , to 4-30, 1949 , that I last saw the deceased alive on 4-28, 1949 , and that death occurred at 3:15 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Hugh H. Owens (Degree or title)			23b. ADDRESS 1034 Oakto Blk		23c. DATE SIGNED 4-30-49
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE 5-3-49	24c. NAME OF CEMETERY OR CREMATORY MT. ST. MARY'S CEMETERY KANSAS CITY, MO.		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 5-3-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. J. Donaldson, 3256 BROADWAY	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul G. Rowe

Licensed Embalmer No. 2347

P. O. Address W. C. Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.