

FILED APR 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 8432

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1268

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City</i>	
c. LENGTH OF STAY (In this place) <i>11 weeks</i>		d. STREET ADDRESS (If rural, give location) <i>1010 East 27 St</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Joseph Hosp.</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Dr. Harry L.</i> b. (Middle) <i>Donner</i> c. (Last) <i>Donner</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>2-22-51</i>			
5. SEX <i>M. D.</i>	6. COLOR OR RACE <i>Wh</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan 5-1900</i>	9. AGE (In years last birthday) <i>51</i>	IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Doctor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Genistry</i>		11. BIRTHPLACE (State or foreign country) <i>Harlan Iowa</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>

13a. FATHER'S NAME <i>Henry Donner</i>		13b. MOTHER'S MAIDEN NAME <i>No Record</i>		14. NAME OF HUSBAND OR WIFE <i>Wilma W. Donner K.C. Mo</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>yes World War</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Wilma W Donner</i> ADDRESS <i>1010 E 27 St</i>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Paralytic Illin. Peritonitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>18 1/2</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Gangrenous Peri cephitis</i>		
	DUE TO (c) <i>Carcinoma Bladder</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma Bladder</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day), (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *10:30 AM*, 19*51*, that I last saw the deceased alive on *2/22/51*, 19*51*, and that death occurred at *11:00 AM*, from the causes and on the date stated above.

23a. SIGNATURE <i>Russell W. Kerr</i> (Degree or title) <i>M/D</i>	23b. ADDRESS <i>St Joseph Hospital</i>	23c. DATE SIGNED <i>22 Nov 51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>3-23-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Glennwood</i>	24d. LOCATION (City, town, or county) (State) <i>Glennwood Iowa</i>
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DATE REC'D BY LOCAL REG. <i>3-23-51</i>	REGISTRAR'S SIGNATURE <i>Eveline Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Funeral K.C. Mo.</i> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 1 0 1958

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

working under my personal supervision.

Student Embalmer No.....

Signed

Alvin R. Haunschild

Signed.....
Student Embalmer

Licensed Embalmer No. *4159*

P. O. Address

Kansas City 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.