

Dr. J. W. Johnson  
 JUN 8 1939

MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

17818  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 395  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2220  
 (c) City Kansas City (d) Street No. Research Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss Mary Janet Macdonald  
 (a) Residence, No. 4420 Norledge Place St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
41 10 11

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Missouri

FATHER  
 13. NAME Alex B. Macdonald  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER  
 15. MAIDEN NAME Mary Larkin  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Alex B. Macdonald  
 (ADDRESS) 4420 Norledge Place

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Calvary DATE 5/31, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) QUIRK & TOBIN CO. Kansas City, Mo.

20. FILED May 29 1939 M. M. Browne  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1939, to May 27, 1939  
 I last saw her alive on May 27, 1939 Death is said to have occurred on the date stated above, at 9 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Broncho Pneumonia  
53  
 Date of onset unknown

Other contributory causes of importance:  
Metastatic Carcinoma  
Probably Thymus  
unknown

Name of operation None Date of none  
 What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) M. M. Browne, M. D.  
 (Address) St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**