

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

21313
Do not use this space.

REC'D JUL 10 1939

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. 4418 Garfield Registered No. 25811
 (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 Daniel Donovan
 (a) Residence, No. 4418 Garfield 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
57 5

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

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin
 13. NAME John Donovan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
 15. MAIDEN NAME Bridget Callahan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

17. INFORMANT Steve J. Donovan (brother)
 (ADDRESS) City

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 6/27, 1939

19. FUNERAL DIRECTOR (NAME) Thos. E. Quirk Funeral Home
 (ADDRESS) 4316 Troost Ave.

20. FILED 6/27, 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27-39 1939

22. I HEREBY CERTIFY, That I attended deceased from 1925 to June 27, 1939
 I last saw him alive on June 26, 1939 Death is said to have occurred on the date stated above, at 6:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1928
59
 Other contributory causes of importance: Diabetes 1925

Name of operation None taken Date of
 What test confirmed diagnosis? None taken Was there an autopsy? No

23. If death was due to external causes (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? No
 If so, specify E. M. Shusher M. D.
 (Address) 706 Rielle Bldg. KC Mo

WHITE 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.

I X 16835

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.