

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
Kansas City
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Since 1-15-40**
(Specify whether years, months or days)
In this community **About 59 years**

3. (a) PRINT FULL NAME **EDWARD DONNELLY** **540**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **493-12-6603**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Zina Donnelly** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **Dec. 18 1874**
(Month) (Day) (Year)

8. AGE: Years **65** Months **7** Days **25** If less than one day hr. min.

9. Birthplace **X Colorado**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Real Estate**

11. Industry or business

MOTHER-FATHER { 12. Name **Edward Donnelly**
13. Birthplace **New York**
14. Maiden name **Elisa K. Putnum**
15. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Zina Donnelly**
(b) Address **3312 Troost**

17. (a) **burial** (b) Date thereof **8/15/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Union Cemetery**

18. (a) Signature of funeral director **R. V. Lindsey & Sons**
(b) Address **3311 Broadway**

19. (a) **Aug. 15, 1940** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **5800 Tracy Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **13th**
year **1940** hour **5** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **Oct. 30**, 19**39**, to **Aug. 13th 1940**, 19**40**;
that I last saw h. **im** alive on **Aug. 13th, 1940**, 19**40**;
and that death occurred on the date and hour stated above.

Immediate cause of death
PRIMARY CARCINOMA OF THE BLADDER
WITH TERMINAL BRONCHOPNEUMONIA

Due to _____

Due to **51** _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **See above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work (Specify type of place) (a) Means of injury **1**

23. Signature **Druey R. Shaw** (M. D. or other) _____
Address **Med. Dir. K.C. Gen. Hospital, K.C. Mo.** Date dictated _____

Written

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

no. 1001.

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

Pauline Wheeler

Licensed Embalmer No. 3738

P. O. Address 26th St

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.