V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34506

Registration District No. 399 — NOV 12 1940

Primary Registration District No. 1002

Registrar's No. 4022

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 310 East 12th St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether

In this community 25 Yrs. years, months or days)

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. 6017 MCGee St (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Stephen J.Donovan

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Myrtle M.Donovan

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan 6,1887 (Month) (Day) (Year)

8. AGE: Years 53 | Months 9 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Ottumwa, Wisconsin (City, town, or county) (State or foreign country)

10. Usual occupation Operator of Baby Beef Market

11. Industry or business 310 East 12th St

FATHER
12. Name John Donovan
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bridget Callahan
15. Birthplace Wisconsin (City, town, or county) (State or foreign country)

16. (a) Informant Joseph S.Donovan
(b) Address 6017 McGee St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21,1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thomas E.Quirk
(b) Address 4316 Troost Ave

19. (a) 10-29-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th year 1940 hour 10 A.M. minute ____ M.

21. I hereby certify that I attended the deceased from ____, 1912 to Oct 17, 1940; that I last saw him alive on Sept 20th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis — Duration 10 yrs

Due to arteriosclerosis — 15 yrs

Due to 93C

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Ernest W Seusher (M. D. or other)
Address 900 Realty Bldg Date signed 10-19-40

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas E. Lewis

Licensed Embalmer No. 3775

P. O. Address K. 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, above space should be left blank.