

No. 2
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17454

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2116

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:
2435 Euclid
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 37 years
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. 2435 Euclid
(If Rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINTED FULL NAME Viola Donell

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amesy Donell 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased February 13, 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace Saline County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Sonny Jackson

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Amesy Donell

(b) Address 2435 Euclid

17. (a) burial (b) Date thereof 5/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director Mackins Bros

(b) Address 1729 Lydia

19. (a) May 31, 1941 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1941 hour 11 minute 48 P. M.

21. I hereby certify that I attended the deceased from May 27
1941 to May 27, 1941
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
& Paralysis

Due to _____

Due to 820

Other conditions (Include pregnancy within 3 months of death) 820

Major findings: Of operations _____

Of autopsy no

Duration
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature L.W. Booker (M. D. or other)

Address 2028 Vine St. Date signed 5/22/41

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

Booker

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..... *J. Manlove*.....
Licensed Embalmer No. *3994*.....
P. O. Address *1120 E. 23rd*.....

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.