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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30511

Registration District No. 399 Primary Registration District No. 1062 Registrar's No. 3268

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

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1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
2908 East 25th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 2908 East 25th Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME Mrs Mary A. Donigan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thomas F. Donigan

6. (c) Age of husband or wife if alive 000 years

7. Birth date of deceased May (Month) 10 (Day) 1856 (Year)

8. AGE: Years 85 Months 3 Days 21 If less than one day ___ hr. ___ min.

9. Birthplace La Salle (City, town, or county) Illinois (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife

FATHER
12. Name Nathanel Wall
13. Birthplace ------- (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Winifred Brasil
15. Birthplace ------- (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mr V. P. Donigan (Son)
(b) Address 5344 Brooklyn Ave K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-41- (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's Cemetery

18. (a) Signature of funeral director Mellody-McGilley
(b) Address Kansas City Missouri.

19. (a) 9/1/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1941 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from 1939, 19__, to Aug 4, 1941;
that I last saw her alive on Aug 30, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of colon	2 yr
Due to	
Due to	
Other conditions: Liver metastases Carcinoma (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 [signature] (M. D. or other)
Address 612 Professional Bldg Date signed 9/1/41

(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. 267

working under my personal supervision.

Signed .....

Licensed Embalmer No. 2999

P. O. Address 15C

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.