

FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30739

State File No. 3496

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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:
General Hospital (1)
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)
 In this community 41 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
 (d) Street No. 3228 E. 9th
(If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 18th
 year 1941 hour 11 minute 40 A. M.
 21. I hereby certify that I attended the deceased from
Sept. 14 1941 to Sept. 18th 1941
 that I last saw h. im alive on September 18th 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral accident
Bronchopneumonia

Due to 8:30 AM
 Due to 1

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 430
 Of autopsy see above

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
 23. Signature Drury R. Thow (M. D. or other) 0
 Address Date signed

3. (a) PRINT FULL NAME Dorian Robert
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

4. Sex male (1) 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Anna Donnan
 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased March 4, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	6	14	hr. min.

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

10. Usual occupation Filling Station

11. Industry or business

12. Name Chus. H. Donnan

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

14. Maiden name Elizabeth Gaston

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

16. (a) Informant Anna Donnan

(b) Address 3228 East 9th

17. (a) Burial (b) Date thereof 9/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn, K. C. Mo.

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

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

MOTHER, FATHER

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 nl
....., Registered Apprentice No.
working under my personal supervision.

Signed Dwight C. Browning
Licensed Embalmer No. 2724
P. O. Address J. 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, fact should be so stated above.