

FILED MAY 14 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1779

1. PLACE OF DEATH: **Jackson**  
 (a) County. **Jackson**  
 (b) City or town. **Kansas City, Mo.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Trinity Lutheran Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. **1 week**  
 In this community. **1 wk.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Kansas** (b) County **Johnson**  
 (c) City or town **Olathe - Rural - Mo.**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **RFD #3 - Olathe**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No -** (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME **Kate F. Donham**  
 3. (b) If veteran, name war. **none**  
 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **5th** day **9th** May  
 year **1942** hour **11 A.** minute **M.**  
 21. I hereby certify that I attended the deceased from **4-30-42**  
 19. to **5-5-42**  
 that I last saw her alive on **5-5** 19**42**  
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **married**  
 6. (b) Name of husband or wife **Albert S. Donham** 6. (c) Age of husband or wife if alive **63** years  
 7. Birth date of deceased **June 30 1882**  
 (Month) (Day) (Year)

Immediate cause of death **Apoplexy -** Duration **11 days**  
 Due to **Cardio Renal Diseases** **5 years**  
 Due to **Obesity** **20 "**  
 Other conditions **None**  
 (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<b>59</b>	<b>10</b>	<b>5</b>	hr. min.

9. Birthplace **Goshen Ohio**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **Housewife**

11. Industry or business  
 12. Name **Thomas Jefferson Chaney**  
 13. Birthplace **Goshen Ohio**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Elizabeth Louise Donham**  
 15. Birthplace **Pleasant Plain Ohio**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Albert S. Donham**  
 (b) Address **Olathe Kan. R.F.D.**  
 17. (a) **Removal** (b) Date thereof **May 7 - 42**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Pleasant Valley Cemetery**

18. (a) Signature of funeral director **W.E. Jubin**  
 (b) Address  
 19. (a) **5-6-42** (b) **Olathe, Kan.**  
 (Date received local registrar) (Registrar's signature)

PHYSICIAN  
 Major findings:  
 Of operations **None**  
 Of autopsy **none**  
 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 **Edmund Beebe** (M.D. or other)  
 Address **Olathe Kan** Date signed **5-5-42**

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

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**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..... *Nomer L. Eldridge*.....

Licensed Embalmer No..... *3948*.....

P. O. Address..... *Osage, Kansas*.....

**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.**