

Registration District No. **6 31942**

Primary Registration District No. **1002**

Registrar's No. **2122**

AUG 3 1942  
48  
83  
48

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

1. PLACE OF DEATH:

(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: **St. Marys Hospital.** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4-2-42 - 5-30-42**  
**16 Yrs.** (Specify whether years, months or days)

In this community **16 Yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City Mo.** **3**  
(If outside city or town limits, write "RURAL") **9**

(d) Street No. **5430 Harrison Ave.**  
(If rural, give location) **0**

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country.

3. (a) PRINT FULL NAME **Charles Edward DONEGAN.**

3. (b) If veteran, name war **World War**

3. (c) Social Security No. **ca**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **30th**  
year **1942** hour **8** minute **30 P.** M.

4. Sex **Male 0**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lillian K. Donegan**

6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **February 27th 1892**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 1 1940** to **May 30 1942**

that I last saw him alive on **May 30 1942**

and that death occurred on the date and hour stated above.

8. AGE: Years **50** Months **3** Days **3** If less than one day hr. min.

Immediate cause of death **Carcinoma of Stomach** **2 yrs**

9. Birthplace **Chicago Illinois /**  
(City, town, or county) (State or foreign country)

Due to **46 B**

Due to

10. Usual occupation **Salesman**

11. Industry or business **Linde Air Products Co.**

Other conditions (Include pregnancy within 3 months of death)

12. Name **Charles E. Donegan**

13. Birthplace **Chicago Illinois /**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown 9**  
(City, town, or county) (State or foreign country)

Major findings: **Carcinoma of Stomach**

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Lillian K. Donegan.**

(b) Address **5430 Harrison Ave.**

17. (a) **Removal** (b) Date thereof **5/31/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chicago Illinois**

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?

18. (a) Signature of funeral director **Melody-McGilley**

(b) Address **K.C. Mo.**

19. (a) **May 31 1942** (b) **M. M. Crown**  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)

(c) Means of injury

23. Signature **John H. Ramsey** (M. D. or other) **M.D.**

Address **311 Apple Bldg** Date signed **5/31/42**

361

801-301342

JUN 8 1942

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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.....



Licensed Embalmer No.....

3729  
KC

P. O. Address.....

**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.**