

FILED SEP 3 1942

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3154

1. PLACE OF DEATH: Jackson
 (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: St. Lukes Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 1 Day
 In this community: Lifetime
 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.: 3025 East 22nd Street
 (If rural, give location)
 (e) Citizen of foreign country? No
 If yes, name country:

3. (a) PRINT FULL NAME: John J. McDONALD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 nd
year 1942 hour : minute a.m. M.

3. (b) If veteran, name war: none
3. (c) Social Security No. 486-03-7738

21. I hereby certify that I attended the deceased from 8-21-42
19 to 8-22-42 19
that I last saw him alive on 8-22-42 19
and that death occurred on the date and hour stated above.

4. Sex: Male 5. Color or race: White
6. (a) Single, widowed, married, divorced: Married

Immediate cause of death: Cerebral Hemorrhage
Duration: 1 day

6. (b) Name of husband or wife: Mary T. McDonald
6. (c) Age of husband or wife if alive: 58 years

Due to: Cerebral arterial sclerosis

7. Birth date of deceased: April 23 1983
(Month) (Day) (Year)

Due to: Hypertension and Arterial sclerosis
1 yr

8. AGE: Years 59 Months 3 Days 29
hr. min.

Other conditions: Arterial sclerosis
Major findings: Of operations: 820

9. Birthplace: Kansas City Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN: Underline the cause to which death should be charged statistically.

10. Usual occupation: Retired Telephone Installer

11. Industry or business: S.W. Bell Tel. Co.

12. Name: William H. McDonald

13. Birthplace: New York
(City, town, or county) (State or foreign country)

14. Maiden name: Melvina Cassidy

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

16. (a) Informant: (Family) Mrs Mary McDonald
(b) Address: 3025 East 22nd St., K.C. Mo.
Burial (b) Date thereof: 8/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Marys Cemetery
Melody-McGibley

18. (a) Signature of funeral director: Melody-McGibley
(b) Address: K.C. Mo.

Of autopsy: Cerebral Hemorrhage

19. (a) 8-22-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (b) Means of injury

23. Signature: C. L. Hillis (M. D. or other) 8/22/42
Address: 4414 1/2 Box 700 Date signed

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.....
Licensed Embalmer No.....
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.