

Registration District No. **149**

Primary Registration District No. **1002**

48
3
8

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

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: **Research Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)

In this community **25**
(Specify whether 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. **2606 East 38th Street**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Mrs. Sophia DONALD**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **3 Divorced**

6. (b) Name of husband or wife **John Fisher**

6. (c) Age of husband or wife if alive **84** years

7. Birth date of deceased **April 7th, 1864**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	5	18hr.....min.

9. Birthplace **Posen, Poland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Invalid at Home.**

11. Industry or business

12. Name **Lawrence Stachowiak**

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

14. Maiden name **Antonia Lydia**

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

16. (a) Informant **Mrs. Martha Barde, Daughter**

(b) Address **2606 East 38, K.C.Mo.**

17. (a) **Burial** (b) Date thereof **9/28/42.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Marys Cemetery**

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

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

19. (a) **19-10-2-42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **25th**
year **1942** hour **6:20** minute **PM.** M.

21. I hereby certify that I attended the deceased from **9/24/42** to **9/25/42**, 19...
that I last saw her alive on **9/25/42**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetic Coma**

Due to **Diabetes**

Due to

Other conditions **/**
(Include pregnancy within 3 months of death)

Major findings: Of operations **/**

Of autopsy **/**

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) (c) Means of injury **/**

23. Signature **E. E. ...** M. D. or other **MD**
Address **3850 Prospect, K.C., Mo.** Date signed **9/28/42**

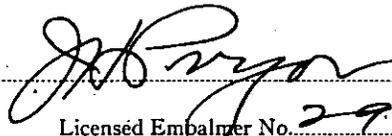
Duration
Emb... ..

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

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. 2927

P. O. Address.....
KJ

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.