S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16903

FILED JUN 7 1943

Registration District No. 449 Primary Registration District No. 1002 Registrar's No. 2353

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:
2801 ~~West~~ East 8th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (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 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2801 ~~West~~ East 8th Street 8
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME ALICE MARY DONAVAN

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 Single

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Nov 27th 1926
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
16	5	24	hr. min.

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

10. Usual occupation Child

11. Industry or business at School

FATHER
12. Name Joseph Daniel Donovan
13. Birthplace Kansas City (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Margaret Weisenger
15. Birthplace Pittsburg (City, town, or county) Kans (State or foreign country)

16. (a) Informant Mrs Margaret Donovan
(b) Address 2401 E 8th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk & Robin
(b) Address 20 West Linwood

19. (a) 5-28-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1943 hour 3 am minute ..... M.

21. I hereby certify that I attended the deceased from Febr 3 1943 ....., 19..., to May 21, 1943
that I last saw her alive on May 20, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Oedema of the brain	
Due to: Glioma 54a	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Glioma of Brain removed by Dr Frank Tischem 1936

Of autopsy .....

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury ..... D

23. Signature Owen Honeyen MD (M. D. or other)
Address 304 E 12 Date signed 5/22/43

(Licensed Embalmer's Statement on Reverse Side)

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.