. S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17036

Registration District No. 149 — FILED JUN 7 1943

Primary Registration District No. 1002

Registrar's No. 2409

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: General Hospital #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4/2-5/22/43 (Specify whether in this community years, months or days) 13 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 586½ Troost (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM McDONALD

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased September (Month) 25 (Day) ~~1884~~ 1874 (Year)

8. AGE: Years 68 Months 7 Days 27 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Archie McDonald
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mamie Kennedy
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital #2

17. (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 5-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln, K C Mo

18. (a) Signature of funeral director Flynn & Greenstreet
(b) Address 1819 E. 15th K C Mo

19. (a) 5-26-43 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1943 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from April 2, 1943 to May 22, 1943 that I last saw him alive on May 22, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute congestive Heart Failure	
Due to Luetic Aortitis	
Due to 30 D	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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

23. Signature [signature] (M. D. ~~or other~~)

Address Gen. Hosp. #2-600 E. 22nd St. Date signed 5-24-43.

(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. 2211

P. O. Address 1819 E. 15th KC Mo

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.