

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 6 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3052

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,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 1/2 hours
12 years (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. 100 East 36th Street,
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Claribel Donelson

3. (b) If veteran, name war no.

3. (c) Social Security No. 486-09-1622

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
22 year 1943 hour 2:15 minute a. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife Rex J. Donelson

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

7. Birth date of deceased October 23 1910
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____
that I last saw h. Deputy Coroner, 19____
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>31 1/2</u>	<u>32</u>	<u>8</u>	<u>17 1/2</u>	<u>hr.</u> min.

Immediate cause of death Subdural Hematoma

Due to Skull Fracture

Due to Street Car Trauma

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

10. Usual occupation Clerk

Other conditions (include pregnancy within 3 months of death) 17102-8

11. Industry or business Coffee

12. Name Oliver E. Gorman,

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

14. Maiden name Mayel Logan,

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

Major findings: Of operations 31

Of autopsy See Above

16. (a) Informant Oliver E. Gorman,

(b) Address Bucher, Illinois.

17. (a) Burial (Burial, cremation, or removal) Burial

(b) Date thereof 7-12-43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 123

(b) Date of occurrence July 9, 1943

(c) Where did injury occur? Kansas City, Jackson Mo.
(City or town) (County) (State)

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

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-12-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature P. E. Brown (M. D. or other) Dr. M. D.

Address 23rd Mc Coy Date signed 7/11/43

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

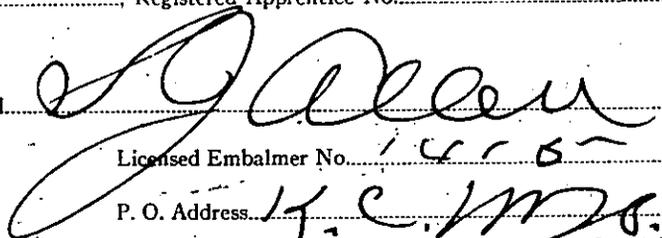
MOTHER FATHER

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..... 14555

P. O. Address..... H.C.M.

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.