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35697

FILED FEB 10 1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 319

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:
824 East 24th 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 one year

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") 5

(d) Street No. 824 East 24th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELLA FOSTER DONNELLY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Donnelly 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased May 8, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64	8	10	hr. min.
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9. Birthplace Marshall, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Mollie Smith

15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Ward
(b) Address 824 E. 24th St.

17. (a) Removal (b) Date thereof 1-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Missouri

18. (a) Signature of funeral director M. K. Brown
(b) Address 1729 Lydia Avenue

19. (a) Jan 20 1944 (b) M. K. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 20 day Thursday
year 1944 hour _____ minute A. M.

21. I hereby certify that I attended the deceased from 001
28 - 1943, to Jan 20 - 1944
that I last saw her alive on Jan. 20 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Heart congested
Heart failure
Rheumatic type
Heart disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings:
Of operations _____

Of autopsy no 95hr

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? _____

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

23. Signature G. C. Dwyer (M. D. certifier)
Address 1830 Olive St. Date signed 1/20/44

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

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.

Signature 
Licensed Embalmer No. 3994
P. O. Address 2503 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.