

FILED APR 5 1945
Registration District No. **1002**

Primary Registration District No. **1002**

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:
2731 Benton Blvd.
(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 50 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. 2731 Benton Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN JOSEPH DONOVAN

3. (b) If veteran, name war No

3. (c) Social Security No. 495-01-243B

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 26
(Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 21
If less than one day hr. min.

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

10. Usual occupation Beer Salesman

11. Industry or business Schlitz Brewery

MOTHER FATHER

12. Name William Donovan

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

14. Maiden name Honoran Donovan
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Hattie Donovan

(b) Address 2731 Benton

17. (a) Burial (b) Date thereof 3/20/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk & Tabin Co

(b) Address 20 West Linwood

19. (a) 3-19-45 (b) N. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day March
year 1945 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from MARCH 16
1945 to MARCH 17 1945;

that I last saw him alive on MARCH 16-1945, and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE

Due to hypertension

Due to _____

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

Major findings: 830
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) (e) Means of injury

23. Signature Dr. N. C. Brown (M. D. or other)

Address 925 Apple Aedy Rd Date signed 3/21/45

Duration

Immediate

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 Charles M. Zwick

Licensed Embalmer No. 3774

P. O. Address Hannas City 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.