

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED JUL 23 1945

Registration District No. **149** 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:
St. Josephs Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 31 years

3. (a) PRINT FULL NAME EUGENE F. MC DONALD

3. (b) If veteran, name war No

3. (c) Social Security No. 510-05-5777

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased July 13 th, 1914
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>31</u>	<u>0</u>	<u>0</u>	<u>hr. min.</u>

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

10. Usual occupation Office Secretary

11. Industry or business North American Aviation

MOTHER FATHER

12. Name John J. Mc Donald

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

14. Maiden name Mary Peterson

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

16. (a) Informant William Mc Donald

(b) Address 2402 Askew Knasas City Mo.

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

(b) Date thereof 7/16/45
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley-Evlar

(b) Address 1800 Linwood Blvd. K.G. Mo.

19. (a) 7-14-45
(Date received local registrar)

(b) Geraldine Holmes
(Registrar's signature)

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. 2423 Askew
(If rural, give location)

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 13 th year 1945 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from July 10 to July 13, 1945; that I last saw him alive on July 12, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death:
Acute appendicitis
Profound Pneumonia
Due to following appendicitis
Due to complicating conditions (non T.B.)

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

PHYSICIAN

Major findings:
Of operations as above: ASA

Of autopsy as above

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? _____

23. Signature Walter Williams (M. D. or other) _____
(Specify type of place)

Address 836 Maple Blvd Date signed July 14

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 Apprentices No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....
2925
KC

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.