V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40218

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4972

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 Lukes Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 36 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson 999

(c) City or town Herriam 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5705 Croysdale Rd. 0
(If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME Frank A. O'Donnell

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male O

5. Color or race white

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

6. (b) Name of husband or wife Aurora V. O'Donnell

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Jan. 25 (Month) 1881 (Day) (Year)

8. AGE: Years 64 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Carbondale, (City, town, or county) Kans. 1 (State or foreign country)

10. Usual occupation Service station operator

11. Industry or business Self.

FATHER
12. Name Frank O'Donnell
13. Birthplace no record (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Nellie Fagan
15. Birthplace no record (City, town, or county) Canada 2 (State or foreign country)

16. (a) Informant Aurora V. O'Donnell

(b) Address 3705 CroysdaleRd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/45 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd. K.C. Kans

19. (a) 12-3-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1 year 1945 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from October 15, 1945, to Dec. 1, 1945 that I last saw him alive on Nov. 30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas with metastases to liver — Duration Over 6 wks.

Due to

Due to 46 g

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

Major findings: Of operations Same as above

Of autopsy Same as above

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) none

(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 Arthur S. Camp (M. D. or other)

Address 507 Professional Bldg Date signed 12-2-45

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(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 Wm L. Ward

Licensed Embalmer No. 3991

P. O. Address 309 East 67th St Kema

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.