

No. 2  
1-5-43  
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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16626

**FILED** MAY 20 1946  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 2065

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:  
5607 East 23 St  
(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) 42 Yrs (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_

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")

(d) Street No. 5607 E st 23 St 8  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward Eugene Donelson

3. (b) If veteran, name war World War #-1

3. (c) Social Security No. 496-03-0057

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Emma Donelson

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

7. Birth date of deceased April 29 1896  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>0</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation Custodian

11. Industry or business WestPort High School

12. Name Jacob Donelson

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

14. Maiden name Mary Eradway

15. Birthplace No record  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Minnie Donelson

(b) Address Delavan Illinois

17. (a) Burial (b) Date thereof May 7 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Mrs C. L. Forster

(b) Address 918 Brooklyn

19. (a) 5-2-46 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5  
year 1946 hour 6 minute 45 \*A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to coronary sclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 94a

Of operations \_\_\_\_\_

Of autopsy no

Steraldine Holmes

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 fall

23. Signature James ... (M.D. or other) ...  
Address 1424 ... Date signed 5-6-46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Wm H. Jackson

Licensed Embalmer No. 3954

P. O. Address KC 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.**