

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33666**
Registrar's No. **4318**

FILED OCT 28 1946
Registration District No. **199**

Primary Registration District No. **1002**

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. JOHNS HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 DAYS**
(Specify whether
In this community **WIFE TIME**
years, months or days)

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. **11 W. 70th TERRACE 80**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **MISS OLA JEAN McDONALD**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased **NOVEMBER 11 1930**
(Month) (Day) (Year)

8. AGE: Years **15** Months **11** Days **0**
If less than one day hr. min.

9. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **SENIOR STUDENT**

11. Industry or business **SOUTH WEST HIGH SCHOOL**

MOTHER FATHER

12. Name **L. D. McDONALD**

13. Birthplace **LAWRENCE KANSAS**
(City, town, or county) (State or foreign country)

14. Maiden name **O. A. MOON**

15. Birthplace **HUMBOLT KANSAS**
(City, town, or county) (State or foreign country)

16. (a) Informant **MR. L. D. McDONALD**

(b) Address **11 W. 70th Terr., K.C., Mo.**

17. (a) **BURIAL** (b) Date thereof **OCT. 14, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **M. J. MORRIS CEM., K.C., MO.**

18. (a) Signature of funeral director **H. P. Bayne**

(b) Address **1401 Blue Creek Blvd**

19. (a) **10-14-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **11th**
year **1946** hour **10** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **September 21, 1946** to **October 11, 1946**;
that I last saw her alive on **October 11, 1946**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Lymphatic Leukemia**
Due to

Duration

Other conditions **740**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **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)
(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 **H. P. Bayne M.D.**
Address **515 Alameda Rd., K.C., Mo.** Date signed **10/12/46**

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

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M.E.D.S. - 12/26

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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

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.