

S. No. 2
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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9237
State File No. _____
Registrar's No. **1002**

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:
1210 Montgall /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
in this community lifetime
years, months or days)

3. (a) PRINT FULL NAME Catherine A. MC DONALD
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 married
6. (b) Name of husband or wife Fred H. McDonald
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased January 27, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 1 7 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER { 12. Name Charles A. Bergin
13. Birthplace Effingham, Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Catherine A. Coffey
15. Birthplace Lansing, Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Harry M. Bergin

(b) Address 220 Brush Creek, K.C., Mo.

17. (a) Burial (b) Date thereof 3-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address Kansas City, Mo.

19. (a) 3-5-47 (b) Aldredine Holmes
(Date received local registrar) (Registrar's signature)

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. 1210 Montgall **8**
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 4
year 1947 hour 8 minute 05 A. M.

21. I hereby certify that I attended the deceased from 8-9-1941
19 300.4 19 47

that I last saw her alive on March 3 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation
Diastolic Failure - Heart **chronic**

Due to _____

Due to _____

Other conditions Decompensation
(Include pregnancy within 3 months of death) Heart Disease

Major findings: no 956

Of operations _____

Of autopsy _____

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) no

(b) Date of occurrence no

(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?
no

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. O. Hill (M. O. or other) M. O.

Address 630 Oak St Date signed 3-4-47

Dr. Mepelle Hill.

Augusta Bldg.

Will sign anytime.

Va 8107

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

Blaw E. Heck

Licensed Embalmer No.

4063

P. O. Address

K. C. Mio

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.