S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 21 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34439

Registrar's No. 4205

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: 5515 Crestwood Dr. (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: 2 months (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.: 5515 Crestwood Drive 8 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Mrs. Anna DOLAN

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: widowed

6. (b) Name of husband or wife: Tom Dolan

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

7. Birth date of deceased: September (Month) 21, (Day) 1868 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 79 | 0 | 15 | hr. min. |

9. Birthplace: San Francisco, (City, town, or county) California (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: At home

FATHER

12. Name: Martin O'Donnell

13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER

14. Maiden name: Mary Tyler

15. Birthplace: Unknown (City, town, or county) England (State or foreign country)

16. (a) Informant: Mrs. Sarah Martin

(b) Address: 5515 Crestwood Dr., K.C., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10-6-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Colo, Iowa

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

(b) Address: Kansas City, Missouri

19. (a) 10-6-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6 year 1947 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug 15, 1947 to Oct 6, 1947 that I last saw her alive on Oct 4, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chr. Myocarditis | 3 yrs |
| Due to: Arterio Sclerosis | 6 yrs |
| Due to: | |
| Other conditions: Senility (Include pregnancy within 3 months of death) | |
| Major findings: Of operations: 9 3/4 | |
| Of autopsy: None | |

PHYSICIAN

Underline the cause of 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: J. Pierson (M. D. or other) MD

Address: 907 Realto Date signed 9/6/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Jas. A. Tesson

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 Russell N. France

Licensed Embalmer No. 4255

P. O. Address K. C. 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.