No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41641

State File No.

FILED DEC 26 1947

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 5249

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: K.C.Gen.Hosp.No.1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days
In this community (Specify whether years, months or days): 3 years

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.: K.C. Mo. 921 Cherry St. 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Pauline V.Donnell
3. (b) If veteran, name war: none
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: Phillip Donnell
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: July (Month) 19, (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	4	23	hr. min.

9. Birthplace: Leavenworth, (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: At home
MOTHER FATHER
12. Name: Otto Jaster
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country) 4
14. Maiden name: Victoria Klazinski
15. Birthplace: Unknown (City, town, or county) Poland (State or foreign country) 4
16. (a) Informant: Mr. Phillip Donnell
(b) Address: 921 Cherry St., K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Mellody-McGilley-Eyler
(b) Address: Kansas City, Missouri
19. (a) 12-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th year 1947 hour 7 minute 20 P. M.
21. I hereby certify that I attended the deceased from 12-10-47, 19..., to 12-12447, 19...; that I last saw her alive on 12-12-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Heart Disease and rupture of left Ventricle	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 940	
Major findings: Of operations:	
Of autopsy: See above	

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) 0
While at work? (e) Means of injury:
23. Signature: Wm W. Hart (M. D. or other) MD
Address: Med.Dir.K.C.Gen.Hosp.K.C.Mo. Date signed:

Jefferson City Printing Co.

(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 Donald M. Mallatt Registered Apprentice No. 75, working under my personal supervision.

Signed Glen E. Beck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.