S. No. 2
M—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

State File No. 41642

FILED JAN 2 1947

Registration District No. 1049

Primary Registration District No. 1002

Registrar's No. 5327

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: Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years 6 Months (Specify whether
In this community 30 years
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. 5331 Highland 8
(If rural, give location)
(e) Citizen of foreign country? unknown 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN DONNELLY
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of husband or wife Anna Donnelly
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 9 1858 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
89	7	9	hr. min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
10. Usual occupation Retired--5 Years
11. Industry or business
FATHER
12. Name John Donnelly
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Catherine Trainor
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
16. (a) Informant Sister Superior
(b) Address 5331 Highland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Mark Cobin
(b) Address 20 West Linwood
19. (a) 12-19-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18th day Dec
year 1947 hour 1:15 minute P M.
21. I hereby certify that I attended the deceased from Dec 11 1947, 19..., to Dec 18 1947, 19...;
that I last saw him alive on Dec 18 1947, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	12 Hour
Due to Hypertensive Heart Disease Generalized Arterio-sclerosis	18 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 9 3 N
Of autopsy No

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? Means of injury
23. Signature John T Skinner (M. D. or other) MD
Address 1402 Bryant Bldg. Date signed 12/19/47

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

Signed Howard W. Farmer

Licensed Embalmer No. 4134

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.