S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8672

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1121

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: 4229 Montgall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 37 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. 4229 Montgall 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Barbara L. Donnell
3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Cary Donnell
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased NOV 1st 1862 (Month) (Day) (Year)

8. AGE: Years 85 ~~83~~ Months 4 Days 8 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation at home,
11. Industry or business x

FATHER
12. Name Jacob Waggoner
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Yount
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Forrest C. Donnell,
(b) Address 463 Senate Bldg., Washington, DC
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery
18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 3-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1948 hour 4:00 minute A. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to

Due to

Other conditions Deputy Coroner
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 d
Of autopsy History

Duration

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 0

23. Signature A. E. Apsher (M. D. or other) MD
Address 2800 Main Date signed 3/10/48

(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 Charles Strachan, Registered Apprentice No. 64, working under my personal supervision.

Signed Robert H Reed

Licensed Embalmer No. 3745

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.