No. 2
-1/47
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. 8811

FILED MAR 27 1948

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 1168

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: 2321 Troost
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: K.C.
(If outside city or town limits, write "RURAL")
(d) Street No.: 2321 Troost
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Cornelia McDonald
3. (b) If veteran, name war: no
3. (c) Social Security No.: 499-14-2774
4. Sex: Fe 3
5. Color or race: Col.
6. (a) Single, widowed, married, divorced: 3
6. (b) Name of husband or wife: UNKNOWN
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Sep. (Month) 22 (Day) 1894 (Year)

8. AGE: Years 53 | Months 5 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: House work
11. Industry or business .....
FATHER
12. Name: Lavell McDonald
13. Birthplace: unk. (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name: Elizabeth
15. Birthplace: unk. (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Jennie Carson
(b) Address: 3910 Page Blvd. St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln
18. (a) Signature of funeral director: Adkins Bros.
(b) Address: 2000 E. 12th K.C. Mo.
19. (a) 3-15-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March 3 day 10 year 1948 hour unk. minute ..... M.
21. I hereby certify that I attended the deceased from Deputy Coroner to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	
Due to: Hypertensive Heart	
Due to: Disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 9 3 8	
Of autopsy: No Permit	

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: 0
23. Signature: H. Lavelle (M. D. or other) W.C.
Address: 2636 Brookline Date signed: 3-19-48

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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address.....

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.