S. No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948
Registration District No. 499

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 142536

Primary Registration District No. 1002

Registrar's No. 1524

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: Swope Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: unknown (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 713 Holmes st 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Jack Donahue
3. (b) If veteran, name war: World War No 2
3. (c) Social Security No.: unknown
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Helen Donahue
6. (c) Age of husband or wife if alive: 28 years
7. Birth date of deceased: Oct 16 1910 (Month) (Day) (Year)

8. AGE: Years 37 Months 5 Days 20 If less than one day hr. min.

9. Birthplace: Le Mars Iowa (City, town, or county) (State or foreign country)
10. Usual occupation: Sale Man
11. Industry or business:
FATHER
12. Name: John Donahue
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: unknown
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Helen Donahue
(b) Address: 713 Holmes K C Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: April 7-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Le Mars Iowa
18. (a) Signature of funeral director: Parentes Bros
(b) Address: K C Mo
19. (a) 4-7-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 6 year 1948 hour 1 minute 50 P. M.
21. I hereby certify that I attended the deceased from Coma, 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	Duration
Carbon Monoxide poisoning	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 1103 M	

Major findings:
Of operations:
Of autopsy: no.
History & Examination

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): suicide
(b) Date of occurrence: 4-6-48 1 & 3
(c) Where did injury occur? Swope Park (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury: in car
23. Signature: James A Walker (M. D. or other) Coroner
Address: 1424 Main KC Date signed: 4-7-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

MAY 27 1949

APR 27 1948

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: J. L. Walton

Licensed Embalmer No. 2744

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.