S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 15 1948

Registration District No. 749

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12734

Primary Registration District No. 1002

Registrar's No. 1948

WRITE PLAINLY—USING 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: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 hours (Specify whether years, months or days)
In this community: 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Wyandotte 999
(c) City or town: Kansas City 14
(If outside city or town limits, write "RURAL")
(d) Street No.: 415 Seminary 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME: John Mc Donald
3. (b) If veteran, name war: none
3. (c) Social Security No.: 702-10-8002

4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Katherine Marie
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 24 (Day) ~~1873~~ 1874 (Year)

8. AGE: Years 73 ~~74~~ Months 11 Days 9 If less than one day hr. min.

9. Birthplace: Erie (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation: Electrician
11. Industry or business: M. K. & T. R. R.
12. Name: Alex McDonald
13. Birthplace: Scotland (City, town, or county) (State or foreign country)
14. Maiden name: Rose Gallagher
15. Birthplace: Scotland (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. C. M. Fox
(b) Address: 415 Seminary
17. (a) Burial: (b) Date thereof: 5/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's Cem.
18. (a) Signature of funeral director: Gates Funeral Home
(b) Address: Kansas City, Kansas
19. (a) 5-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

Con. by: Jeff
H.C. Stakeff

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1948 hour 8 minute 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	Duration
Ventricular Failure, Acute	1½ hrs.
Due to: Epistaxis	
Due to: Hypertension	20 hrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 10	
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 or farm, industrial place, in public place? (Specify type of place)
While at work? Means of injury

23. Signature: A. E. Uzner M.D.
Address: 2800 Main Date: 8/6/48

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 Jimmy L. Huckshorn

Licensed Embalmer No. 4092

P. O. Address Marion, Kansas

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No.
Local Registrar's No. 1948-48

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 26th day of May, 1948, before me appears Mrs Chas M Fox, who, upon her oath, states that the original record of ~~birth~~ death for John McDonald, ~~born~~ died May 3, 1948, in the State of Missouri, and which was filed at Kansas City on 5-6, 1948, should be corrected as follows:

Item No. 7 should read May 24 - 1874
Instead of May 24 1873

Item No. 9 should read Erie, Pa.
Instead of Erie, Pa.

Item No. 8 should read 73-11-9
Instead of 74-11-9

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant. Mrs. Chas. M. Fox (Daughter)
Relationship.

415 Seminary
K. C. Kansas
Present Address

Subscribed and sworn to before me this 26 day of May, 1948

My Commission expires Oct 21, 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36867

S-127.34