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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26458

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3464

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: Rosemont Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 months (Specify whether years, months or days)
In this community 68 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 633 E Armour (If rural, give location) 8
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MARY ELIZABETH McDONNELL
3. (b) If veteran, name war -
3. (c) Social Security No. none
4. Sex fe 1
5. Color or race white
6. (a) Single, widowed, married, divorced wid 9
6. (b) Name of husband or wife Dave
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 20 1860 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
87	9	2	hr. min.

9. Birthplace Sedalia (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation housewife
11. Industry or business
MOTHER FATHER
12. Name unknown 9
13. Birthplace " (City, town, or county) " (State or foreign country)
14. Maiden name "
15. Birthplace " (City, town, or county) " (State or foreign country) 7
16. (a) Informant Mrs. James V. Flynn
(b) Address 4237 Agnes
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Mary's
18. (a) Signature of funeral director C.H. Blackman & Son, Inc.
(b) Address 2825 Independence Blvd.
19. (a) 8-24-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22 year 1948 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from May 25th, 1948, to Aug 22nd, 1948, that I last saw her alive on Aug 22nd, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	12 hrs
Due to Hardening of arteries	
of years standing	
Due to	
Other conditions Cirrhosis of liver	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy — 12 4 W

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

23. Signature Rose Mc Grath (M.D. or other) D.O.
Address 633 E Armour Blvd Date signed 8-24-48

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed O. K. McFarland

Licensed Embalmer No. 4397

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.