

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 15835

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 149   |  | PRIMARY REG. DIST. NO. 1002  |  | Registrar's No. 2169   |  |
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE MISSOURI b. COUNTY JACKSON |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY   |  | c. LENGTH OF STAY (in this place) 36 YEARS   |  | c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY   |  | 503  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 608 EAST ARMOUR BLVD.  |  |  |  | d. STREET ADDRESS (If rural, give location) 608 EAST ARMOUR BLVD.  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) GEORGE   |  | b. (Middle) OSCAR  |  | c. (Last) DONNOVAN   |  | 4. DATE OF DEATH (Month) (Day) (Year) MAY-15-1949                                |  |
| 5. SEX MALE  |  | 6. COLOR OR RACE WHITE   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED   |  | 8. DATE OF BIRTH July 1, 1883  |  |
| 9. AGE (In years last birthday) 65   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERINTENDANT of Mill  |  | 10b. KIND OF BUSINESS, OR INDUSTRY KOCH REFINING CO  |  | 11. BIRTHPLACE (State or foreign country) KANSAS CITY, KANSAS                    |  |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A.  |  | 13a. FATHER'S NAME WILLIAM J. DONNOVAN   |  | 13b. MOTHER'S MAIDEN NAME IDA V. SWEARINGEN  |  | 14. NAME OF HUSBAND OR WIFE EMMA M. DONNOVAN                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO   |  | 16. SOCIAL SECURITY NO. 487-05-2872  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emma M. Donovan 608 E. Armour   |  |  |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.      |  | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) 420<br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Heart Disease |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE Natural   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  | 21f. HOW DID INJURY OCCUR?   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |  |  |  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:10 A.M., from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE Hugh B. Owens (Degree or title)   |  |  |  | 23b. ADDRESS   |  | 23c. DATE SIGNED 5-16-49   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL   |  | 24b. DATE MAY-18-1949  |  | 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery   |  | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI               |  |
| DATE REC'D BY LOCAL REG. 5-18-49   |  | REGISTRAR'S SIGNATURE Geraldine Holmes   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer 1331 BRUSH CREEK BLVD. KANSAS CITY, MO.                               |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Robert Ray*

Licensed Embalmer No. \_\_\_\_\_

4182

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.