MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25252

1. PLACE OF DEATH

County: Jackson — Registration District No.: [illegible] — File No.: 25252

Township: Kaw — Primary Registration District No.: [illegible] — Registered No.: [illegible]

City: Kansas City (No. 5817 Wornall Road St. Ward)

2. FULL NAME Benjamin Frank Dunn

(a) Residence. No. 5817 Wornall Road St. Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Mattie Dunn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Febr 14-1862

7. AGE: Years 69 | Months 5 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED: Owner and [illegible]
(a) Trade, profession, or particular kind of work: Mgr. & Founder
(b) General nature of industry, business, or establishment in which employed (or employer): K. C. Scenic Co.
(c) Name of employer: 1000 E 24.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Robbesville Ind.

PARENTS

10. NAME OF FATHER: James Dunn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Harriett Adams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT (Address): Mrs Mattie Dunn, 5817 Wornall Road

15. FILED 7/29 1931 M. M. Crowe, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH Monday

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 27 1931

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1931, to July 26, 1931, that I last saw him alive on July 29, 1931, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma Stomach

46B

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 46B

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John D. Stevens M. D.

7/28, 1931 (Address) 336-47 Factory, K.C. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Olathe Kas — DATE OF BURIAL: July 29 1931

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: 1800 Linwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Val 7412

S.E. Cor 10th Grand Lathrop Bldg