

MAR 23 1939

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

7615
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 244
(b) Township Richmond Mo. Primary Registration District No. 3835 Registered No. _____
(c) City Richmond Mo. (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Benjamin Walter Dunn

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Mable Garrett Dunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 th. 1884

7. AGE YEARS 55 MONTHS 0 DAYS 34 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Banker
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

FATHER 13. NAME James R. Dunn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Emely Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mura Jones
Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunny Slope DATE March 5 th. 1939

19. FUNERAL DIRECTOR (ADDRESS) Brothers Funeral Home
Richmond Mo.

20. FILED _____, 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
I last saw him alive on Feb 25 Only Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Advanced occluding coronary sclerosis with extensive fibrosis myocarditis; hypertrophy and dilatation of the heart. Date of onset _____

Other contributory causes of importance: Stroke

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Severe fall on ice 24 hrs. previously
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) Edward [Signature], M. D.
(Address) Kansas City, Mo.

CROSS OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

92000

STATEMENT BY LICENSED EMBALMER

I, Brothers Funeral Home, Licensed Embalmer No. 2001

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Brothers Funeral Home
By J. B. Brothers
Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

7615-
Do not use this space.

1. PLACE OF DEATH
 (a) County Ray Registration District No. 744
 (b) Township Richmond Primary Registration District No. 3035 Registered No. _____
 (c) City Richmond (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Benjamin Walter Dunn
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel Garrett Dunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-8-1884

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>50</u>			<u>24</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Ray Mo (STATE OR COUNTRY) Mo

FATHER
 13. NAME James E. Dunn
 14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) Mo

MOTHER
 15. MAIDEN NAME Emely Brown
 16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs. Jones Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunny Side DATE 3-5-1939

19. FUNERAL DIRECTOR (ADDRESS) Brothers Funeral Home Richmond Mo

20. FILED 5-6-39 Maup. M. Donald Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2-1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
 I last saw him alive autopsy only Death is said to have occurred on the date stated above, at 8:45 a.m.
 The principal cause of death and related causes of importance were as follows:
advanced occluding coronary sclerosis with extensive myocarditis
hypertrophy and dilatation of the heart
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? 180 Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place severe fall on ice 24 hrs
 Manner of injury previous
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Fredrich C. Koberg, M. D.
 (Address) Kansas City Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

