

Registration District No. **399**

Primary Registration District No. **100**

Registrar's No. **1450**

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:  
**3128 Cleveland Avenue**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **22 Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3128 Cleveland Avenue**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **Mr. Charles Aiken Dunn**

(b) If veteran, name was **Spanish American**

(c) Social Security No. **509-18-4312**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **10th**  
year **1941** hour **7** minute **30 P.M.**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Hannah Dunn**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **September 20 1870**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_.

that I last saw him \_\_\_\_\_, 19\_\_\_\_.

and that he died on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_

8. AGE: Years **70** Months **6** Days **20** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**Acute pulmonary edema**  
**Old & recent coronary occlusion**  
**Coronary sclerosis**

Other conditions **94a**  
(Include pregnancy within 3 months of death)

9. Birthplace **Braidwood Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **City Salesman**

11. Industry or business **Mackie-Clemens Fuel Co.**

12. Name **James Rutherford Dunn**

13. Birthplace **Scotland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Euphemia Lofty**

15. Birthplace **Scotland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hannah Dunn**

(b) Address **3128 Cleveland Avenue**

17. (a) **Burial** (b) Date thereof **April 14 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **O. H. Newcomer Sons**

(b) Address **1401 Brush Creek Blvd**

19. (a) **Apr 12 1941** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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, or industrial place, in public place?  
(Specify location of place)

While at work? \_\_\_\_\_  
(Specify nature of place) (Specify nature of injury)

23. Signature **M. M. Brown** (M. D. or other) **M. D.**  
Address **K.C. Mo.** Date signed **4/11/1941**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

8  
3  
8

48  
3  
8

C

**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.....

*C. Hervey Quisenberry*

Licensed Embalmer No. ....

*40700*

P. O. Address.....

*K. C. 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.**