

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1943
Registration District No. 22

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1579

State File No.
Registrar's No. 62

Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: St. Joseph Hospital
(d) Length of stay: In hospital or institution 1 day
In this community 55 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 2302 S. 19th St.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Thomas Dunn
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Anna Dunn
7. Birth date of deceased: Feb. 10, 1871

8. AGE: Years 71 Months 11 Days 1
If less than one day hr. min.

9. Birthplace Unknown Penn.

10. Usual occupation Retired Blacksmith
11. Industry or business Swift & Co.

MOTHER FATHER { 12. Name Thomas Dunn
13. Birthplace Unknown Ireland
14. Maiden name Sarah Hart
15. Birthplace Unknown Ireland

16. (a) Informant Daniel A. Dunn
(b) Address 2302 S. 19th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Jan. 14, 1943
(c) Place: burial or cremation Mt. Clivet Cemetery.

18. (a) Signature of funeral director Norman M. ...
(b) Address 1802 Union St., St. Joseph, Mo.

19. (a) 1-14-43 (b) Are Heigo
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 11th
year 1943 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan. 9 1943 to Jan. 11 1943
that I last saw him alive on Jan. 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Jan 9/43

Due to arterio scl. gen.

Due to [Signature]

Other conditions: [Signature]
Major findings: [Signature]
Of operations: [Signature]
Of autopsy: [Signature]

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature [Signature] (M. D. or other) [Signature]
Address 620 Spencer Date signed 1/12/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1233

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.....

Albert C. Harrington

3258

Licensed Embalmer No.....

3258

P. O. Address.....

St. Joseph, Pa.

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.