

FILED FEB 27 1943

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **K. General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days**  
In this community **25 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **2515 E. 17th St.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Kansas City, Missouri**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME

**Jack C. Dunn**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married **married**  
6. (c) Age of husband or wife if alive **66** years

6. (b) Name of husband or wife **none**

7. Birth date of deceased: (Month) (Day) (Year) **1874**

8. AGE: Years **68** Months Days If less than one day hr. min.

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

10. Usual occupation **labor**

11. Industry or business **none**

12. Name **George Dunn**

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

14. Maiden name **Elizabeth Page**

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

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

(b) Address **2515 E 17 St**

17. (a) **Burial** (b) Date thereof **2/9/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cem**

18. (a) Signature of funeral director **Sybil Mayberry**

(b) Address **2315 Pinewood**

19. (a) **2-9-43** (b) **H. H. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **7** 5th year **1943** hour **55** minute **P.** M.

21. I hereby certify that I attended the deceased from **1-31-43**, 19 to **2-5-43**, 19; that I last saw him alive on **2-5-43**, 19; and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchogenic carcinoma of lung with metastases to liver**

Due to **47 d**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy **See above**

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, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury  
23. Signature **Dr. R. B. Jones** (M.D. or other)  
Address **Med. Dir. K. Gen. Hospital** Date signed

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

WRITE PLAINLY—USE UNFADING 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Roy E Snow*

Licensed Embalmer No.....

*2560*

P. O. Address.....

*KC 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.**