

MAY 6 1943
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2029

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1741 Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 8 Mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 1741 Jefferson
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mont Dunaway

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1943 hour _____ minute _____ M.

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Lillie Dunaway

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept 13 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4 - 1 - 43
19____ to 4 29 1943
that I last saw him alive on 4 28 1943
and that death occurred on the day and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>7</u>	<u>16</u>	hr. _____ min.

Immediate cause of death Coronary atherosclerosis
myocarditis

9. Birthplace Henry Co Mo.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions _____
(Includes pregnancy within 3 months of death)

10. Usual occupation Barber Ret.

11. Industry or business _____

Major findings:
Of operations _____

12. Name Wm. M. Dunaway

13. Birthplace Davis Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mahola Harness

15. Birthplace Jefferson Co Mo.
(City, town, or county) (State or foreign country)

Of autopsy _____

22. If death was due to external causes, fill in the following:

16. (a) Informant Lillie Dunaway

(b) Address 1741 Jefferson

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof May 1 43
(Month) (Day) (Year)

(c) Place: burial or cremation Clinton Mo.

18. (a) Signature of funeral director William Roy

(b) Address 3406 Wernahl Rd

19. (a) 4/30/43
(Date received from registrar) (b) Mr M Brown
(Registrar's signature)

(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)
Means of injury _____

23. Signature W V Barber (M. D. or other)
Address Ke mo Date signed 4 30 43

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

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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Dr Bourke Argyle Bldg

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.....

Harlyn Roe....., Registered Apprentice No.....
working under my personal supervision.

Signed *Harlyn Roe*.....
Licensed Embalmer No. *2816*.....

P. O. Address *K 6 2 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.