V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30691

FILED SEP 28 1943

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 4004

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

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: Vineyard Park Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 da (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 4437 Wyoming
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Daniel Joseph Dunn
3. (b) If veteran, name war Spanish-American
3. (c) Social Security No. Unable to obtain

4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mary M. Dunn
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased September (Month) 18 (Day) 1874 (Year)

8. AGE: Years 68 Months 11 Days ~~29~~ 28 If less than one day hr. min.

9. Birthplace Buffalo (City, town, or county) New York 1 (State or foreign country)
10. Usual occupation Advertising
11. Industry or business
FATHER
12. Name Not Known
13. Birthplace Not Known (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name Bridget Cody ~~Ireland~~
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
16. (a) Informant Mrs. Mary M. Dunn
(b) Address 4437 Wyoming
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Mary's Cemetery
18. (a) Signature of funeral director J. F. Donnell Co.
(b) Address 3256 Broadway
19. (a) 9-18-43 (Date received local registrar) (b) T. E. Brown, Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16th. year 1943 hour 4 minute 8 M.
21. I hereby certify that I attended the deceased from Sept 13 1943 to Sept 16 1943 that I last saw him alive on Sept 16 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	8 days
Due to Chr. Interstitial Nephritis	1 yr
Due to 131a	
Other conditions Prostatic obstruction (Include pregnancy within 3 months of death)	6 Mos

Major findings:
Of operations Bladder Puncture 9-15-43
Of autopsy None

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, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. E. Sheldon (M. D. or other)
Address Greenwood Kc Mo Date signed 9-17-43

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 1943

DEC 7 1943

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 Park G. Rowe

Licensed Embalmer No. 7347

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.