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3567

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

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: LAKESIDE HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 DAYS  
(Specify whether years, months or days)

In this community 37 YEARS

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. 5930 AGNES AVENUE  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. LAURA ISABELLE DUNN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. RAYMOND DUNN

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased JUNE - 1884  
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days -  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace GREENTOP MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name JOHN W. HERRING

13. Birthplace ELIZABETH ILLINOIS  
(City, town, or county) (State or foreign country)

14. Maiden name LAURA CRAIG

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

16. (a) Informant MR. RAYMOND DUNN

(b) Address 5930 AGNES AVENUE

17. (a) BURIAL (b) Date thereof JAN 22 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. JAN 22 1944 J. B. Crown  
(Date received legal registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 20<sup>TH</sup>  
year 1944 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from June 12 to Jan 20 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial failure

Due to chronic myocarditis

Due to lymphatic leukemia

Other conditions acute sciatic neuritis  
(Include pregnancy within 3 months of death)

PHYSICIAN

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

Of autopsy: 93d

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)  
(4) Means of injury h

23. Signature J. B. Crown (M. D. or other) Dr.  
Address Chambers Alley Date signed Jan 21 44

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

1:00-5:00

**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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**