

FILED MAR 9 1944 49

Registration District No. _____ Primary Registration District No. 1002

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: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 DAYS (Specify whether
In this community 22 YEARS years, months or days)

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. 5504 GARFIELD AVE. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. KATHRINE MAE DUNNUCK

3. (b) If veteran, name war none 3. (c) Social Security No. 496-24-0178

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. EVERETT E. DUNNUCK 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased JANUARY 31 1894 (Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 27 26 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name THOMAS O. LUNDAY

13. Birthplace BUCKLIN MISSOURI (City, town, or county) (State or foreign country)

14. Maiden name MARY A. GENTRY

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

16. (a) Informant EVERETT E. DUNNUCK

(b) Address 5504 GARFIELD AVENUE

17. (a) BURIAL (b) Date thereof FEB. 29, 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

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

(b) Address 1401 Bush Creek Blvd

19. (a) 2-29-44 (b) D. E. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY 27TH year 1944 hour 1 minute 25 P. M.

21. I hereby certify that I attended the deceased from Feb. 25 1944 to Feb. 27 1944 that I last saw her alive on Feb. 27 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Edema Duration 2 days

Due to Cerebral Arteriosclerosis 10 mos

Due to _____

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

Major findings: Of operations 832

Of autopsy Cerebral arteriosclerosis & cerebral edema. 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. P. Engel (M. D. or other) M.D.

Address K.C. Mo Date signed 2-28-44

Playa Vista 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed: *Ernie M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address: *Kemo*

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.