S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22953

FILED AUG 13 1945

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3196

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: 7320 VIRGINIA AVENUE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community LIFETIME

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON MO

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

(d) Street No. 722 EAST 63RD TERRACE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WALTER DOUGLAS GUNN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased JUNE (Month) 28 (Day) 1944 (Year)

8. AGE: Years 1 Months 0 Days 29 If less than one day hr. min.

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

10. Usual occupation NONE

11. Industry or business INFANT

FATHER
12. Name WALTER H. GUNN
13. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name BETTE L. DOOS
15. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Walter H. Gunn

(b) Address 722 East 63rd Terrace

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 30, 1945 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ FOREST HILL CEMETERY

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

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 7-30-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27TH year 1945 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Automobile Traumatism

Due to Crushed Head + Chest

Due to

Other conditions (Include pregnancy within 3 months of death) (fell from open car door.) car in motion

Major findings:
Of operations 1706-8
Of autopsy no 28
History + Inspection

Duration

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) accident 123

(b) Date of occurrence 7-27-45

(c) Where did injury occur? 7320 Virginia (City or town) K.C. (County) Jackson (State) Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? about Home (Specify type of place)

While at work? no (e) Means of injury Automobile

23. Signature James C. Walker (M. D. or other) Coroner

Address 1414 Profer Bldg Date signed 7-30-45

(Licensed Embalmer's Statement on Reverse Side)

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 E. Oscar Hoskey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.