V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 13 1945

State File No. 29637

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4110

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 JOSEPH HOSP. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 DAYS (Specify whether

In this community 29 DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry 42

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

(d) Street No. CLINTON TWP. 0 (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME ELLA MAE DUNNING

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Fl. 1

5. Color or race W

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

6. (b) Name of husband or wife JAKE DUNNING

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept 9 1885 (Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 26 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business —

FATHER
12. Name Adams
13. Birthplace unknown (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Janie Dodson
15. Birthplace unknown (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Clyde M Dunning

(b) Address 915 E 33rd Kansas City, Mo

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 10-7-45 (Month) (Day) (Year)

(c) Place: burial or cremation BROWINGTON Mo Cem

18. (a) Signature of funeral director H. L. Vansant

(b) Address Clinton Mo.

19. (a) 10-6-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 5-45 day year hour 9 PM minute M.

21. I hereby certify that I attended the deceased from Sept 6-45, 19, to, 19; that I last saw her alive on Oct 5-45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas

Due to with metastasis to liver

Due to

Other conditions (Include pregnancy within 3 months of death) 46 9

Major findings: Of operations as above

Of autopsy

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)

(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 Vincent Williams (M.D. or other)

Address 836 Wyoming Bldg Date signed Oct 6 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 H. L. Vausant

Licensed Embalmer No. 3779

P. O. Address Colliston

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.