S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JAN 21 1946

STANDARD CERTIFICATE OF DEATH

1337

State File No.

Registration District No. 149 Primary Registration District No. 1102 Registrar's No. 51

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: 3301 BENTON BLVD 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community 25 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3301 BENTON BLVD 8
(If rural, give location)

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

If yes, name country - - - - - - -

3. (a) PRINT FULL NAME DR. WILLIAM EDWARD DUNN

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. 579-07-3028

4. Sex MALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife MRS. LYDIA BELLE DUNN

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased DECEMBER 28-1893
(Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days X5 If less than one day ___ hr. ___ min.

9. Birthplace WASHINGTON D.C. 1
(City, town, or county) (State or foreign country)

10. Usual occupation PLUMBER

11. Industry or business

FATHER
12. Name JOHN DUNN
13. Birthplace IRELAND 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lydia Belle Dunn

(b) Address 3301 Benton Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN. 7. 1946
(Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

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

(b) Address 1401 Brush Creek Blvd.

19. (a) 1-5-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 3RD year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from NOV. 29-45, 19__, to JAN 3 1946 that I last saw him alive on JAN 3 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolism.	
Due to: Melanotic Sarcoma - Left Inguinal from Left Great Toe	1 yr?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 55 ℓ	
Of autopsy	

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 2

23. Signature H. J. Wittenberg D.O. (M.D. or other)

Address 2603 E. 31 Date signed 1/4/46.

(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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.