

FILED MAY 8 1946

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County... Buchanan  
(b) City or town... St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sunnyslope Hosp 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 hrs  
(Specify whether  
In this community 5 hrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Brown 717  
(c) City or town... Reserve 14  
(If outside city or town limits, write "RURAL")  
(d) Street No. None  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 2  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lee Dunovan

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased: March 18 1933  
(Month) (Day) (Year)

8. AGE: Years 13 Months 0 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation School

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

12. Name Ralph Dunovan

13. Birthplace Clifton KS  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Bullimore

15. Birthplace Clay Center KS  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Dunovan

(b) Address Reserve, KS.

17. (a) Removal (b) Date thereof 4-9-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Niwatha Kans

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph Mo.

19. (a) April 12 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th  
year 1946 hour 11 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from April 8 1946  
1946 to April 8 1946  
that I last saw him alive on April 8 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Due to measles

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 35  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or D.O.)  
Address 624 Francis St Joseph Date signed 4-9-46

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

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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..... *Robert H. Maple*.....

Licensed Embalmer No..... *3308*.....

P. O. Address..... *St Joseph, 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.**