

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** APR 22 1946  
149

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13111**  
Registrar's No. **1714**

Registration District No. 149 Primary Registration District No. 1002

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:  
3208 Linwood Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 39 yrs.  
years, months or days)

3. (a) PRINT FULL NAME Jay J. DUNI  
3. (b) If veteran, name war no 3. (c) Social Security No. none  
4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Esther Duni  
6. (c) Age of husband or wife if alive unk years  
7. Birth date of deceased Jan. 25, 1907  
(Month) (Day) (Year)

8. AGE: Years 39 Months 2 Days 18  
If less than one day, hr. 15 min.

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

10. Usual occupation Grocer

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

12. Name Sam Duni

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

14. Maiden name Esther Pfeffer

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

16. (a) Informant Henry Duni

(b) Address 4410 Montgall, K.C. Mo.

17. (a) Burial (b) Date thereof 4/11/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem.

18. (a) Signature of funeral director J.P. Louis Funeral Home  
(b) Address 3400 Woodland Ave., K.C. Mo.

19. (a) 4-11-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 3208 Linwood Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10  
year 1946 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from Jan 17 1946 to April 10 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 Rheumatic heart - 2 yrs.  
mitral stenosis - 2 yrs.  
Due to auricular fibrillation

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations ASB  
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 injury) (a) \_\_\_\_\_  
23. Signature A. Morris Gustafson (M.D. or other) \_\_\_\_\_  
Address 420 Prof. Bldg. Date signed 4-10-46

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

MOTHER FATHER

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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..... *B. A. Legan* .....

Licensed Embalmer No..... *3979* .....

P. O. Address..... *H. 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.**