S. No. 2
OM—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

FILED AUG 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23574

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3316

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: 1516 Troost. 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 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48

(c) City or town K.C. (If outside city or town limits, write "RURAL")

(d) Street No. 1502½ Troost. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Silas DUNBAR

3. (b) If veteran, name war World war 1.

3. (c) Social Security No. 429-03-7125

4. Sex male

5. Color or race negro

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased 2 (Month) 22 (Day) 1891 (Year)

8. AGE: Years 55 Months 5 Days 5. If less than one day hr. min.

9. Birthplace Patterson (City, town, or county) La. 1 (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name dont no
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name dont no
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Eloise Mayfield

(b) Address Little Rock Ark.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 8-1-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Veteran Cem. Wadsworth Kan.

18. (a) Signature of funeral director Brady-Brown,

(b) Address 1708 Tracy

19. (a) 8-1-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1946 hour 3 minute A M.

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

Immediate cause of death Internal Hemorrhage

Due to Stab wounds in Chest + Heart

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 167

Of autopsy no

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) Homicide

(b) Date of occurrence 7-27-46

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? House - 1502½ - Troost Ave (Specify type of place)

While at work? no (e) Means of injury

23. Signature J. Williams, (M. D. or other) Deputy Coroner

Address 2636 - Brooklyn Date signed 8-1-46

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1944

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 .....

Licensed Embalmer No. 1271

P. O. Address Kansas City 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.