

Registration District No. **119** Primary Registration District No. **1002**

**1. PLACE OF DEATH:**  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution **H.C. General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **19 hrs.** (Specify whether **0**)  
In this community **19 hrs.** years, months or days

3. (a) PRINT FULL NAME **Earl A. Dunn**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **Aug 5 1925**  
(Month) (Day) (Year)

8. AGE: Years **21** Months **4** Days **10** If less than one day hr. min.

9. Birthplace **Lee Summit MO** (City, town, or county) (State or foreign country)  
10. Usual occupation **Labourer**

MOTHER FATHER } 11. Industry or business  
12. Name **Arnold C. Dunn**  
13. Birthplace **Alma MO** (City, town, or county) (State or foreign country)  
14. Maiden name **Pauline Reeves**  
15. Birthplace **Kingsville MO** (City, town, or county) (State or foreign country)

16. (a) Informant **A. C. Dunn Father**  
(b) Address **Pleasant Hill MO**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-18-46** (Month) (Day) (Year)  
(c) Place: burial or cremation **Knobnoster MO**  
18. (a) Signature of funeral director **J. H. Herreck**  
(b) Address **Pleasant Hill MO**  
19. (a) **12-16-46** (Date received local registrar) (b) **Geraldine Holmes** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **KANSAS Pleasant Hill, Mo.** (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month **Dec.** day **15th** year **1946** hour **11** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **12-15-46** to **12-15-46**, 19\_\_\_\_; that I last saw him alive on **12-15-46**, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Interventricular subarachnoid cerebral hemorrhage 2 Trigeminal neuroma** Duration \_\_\_\_\_

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

Major findings: **5-6 2**  
Of operations \_\_\_\_\_  
Of autopsy **See above**

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) Mean of injury \_\_\_\_\_  
23. Signature of M. D. or other **W. W. Hart** (M. D. or other) **ML**  
Address **Neu. Dir. A.C. Gen. Hospital** Date signed **12-16-46** (City, town, or county) (State)

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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.....

*J. Virgil Hennis*

Licensed Embalmer No. 3599

P. O. Address Please Refer

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**