

STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10557  
5381  
Registrar's No.

FILED JAN 7 1947  
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:  
General Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
In this community 6 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 917 Locust  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country (1)

3. (a) PRINT FULL NAME CHARLES M. DUNSWORTH  
3. (b) If veteran, name war #2  
3. (c) Social Security No. 170-03-9760

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 23rd year 1946 hour 3 minute 15 A.M.

4. Sex M 5. Color or race W.  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Betty  
6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased 3 1 1908  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 15, 1946, to Dec. 23, 1946, that I last saw him alive on Dec. 23, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years 38 Months 9 Days 22  
If less than one day hr. min.

Immediate cause of death Bronchial pneumonia  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death) 107

MOTHER FATHER

9. Birthplace Texas  
(City, town, or county) (State or foreign country)  
10. Usual occupation Police Insp. Co. - Harrison  
11. Industry or business  
12. Name Curtis Dunsworth  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
16. (a) Informant Betty Dunsworth  
(b) Address 917 Locust - Kemo  
17. (a) removal (b) Date thereof 12-23-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pittsburg, Penn  
18. (a) Signature of funeral director Edw. Braz  
(b) Address 1416 Mission Ave. KEM.  
19. (a) 12-24-46 (b) Deraldine Holmes  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations  
Of autopsy  
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) (c) Means of injury  
23. Signature Wm. W. Hart (M. D. or other) MD  
Address Gen. Hosp. #1 Date signed

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MAR 14 1947

**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..... *O. H. Beckwith*.....

Licensed Embalmer No. *3937*.....

P. O. Address..... *Lawson, Oly. Ark.*.....

**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.**