No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1066

Registration District No. FILED FEB 5 1947 Primary Registration District No. 1002 Registrar's No. 342

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: 304 East 43rd. Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 36 Years (Specify whether years, months or days)

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.: 304 East 43rd. Street
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME: MRS. NARCISSIA J. DUNN

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Leonard H. Dunn

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

7. Birth date of deceased: October (Month) 14th. (Day) 1866 (Year)

8. AGE: Years 80 Months 3 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace (City, town, or county) ____ Kentucky (State or foreign country)

10. Usual occupation: At Home

11. Industry or business ____

FATHER
12. Name: Carrington
13. Birthplace (City, town, or county) ____ Kentucky (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Roy L. Dunn
(b) Address: 304 East 43rd. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 27 - 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd. St. Kansas City, Mo.

19. (a) 1-24-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd. year 1947 hour 11:45 minute P. M.

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

Immediate cause of death: Coronary Insufficiency

Due to: Arteriosclerosis

Due to ____

Other conditions (Include pregnancy within 3 months of death) ____

Major findings: Of operations ____

Of autopsy: not History & Inspection

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) ____

(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? (Specify type of place) While at work? ____ (e) Means of injury ____

23. Signature: James A. Walker (M. D. or other) ____ Address: 1424 Ward Pkwy Date signed 1-23-47

(Licensed Embalmer's Statement on Reverse Side)

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.