

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED JUN 30 1947

Registration District No. 7

Primary Registration District No. 1001

Registrar's No. 2647

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:
3234 East 7th. Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 72 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3234 East 7th. Street 4
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Edwin Dunbar

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna May Finch Dunbar 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased 1 11 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 5 6 hr. min.

9. Birthplace Finn Castle Virginia /
(City, town, or county) (State or foreign country)

10. Usual occupation Realestate

11. Industry or business Self

12. Name Edwin Berger Dunbar

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

14. Maiden name Lou Gibson

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

16. (a) Informant Mrs. Anna May Finch Dunbar

(b) Address 3234 East 7th. Street

17. (a) Burial (b) Date thereof 6-20-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
Appanoose Cemetery - Overbrook, Kansas

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address Kansas City, Missouri

19. (a) 6-19-47 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th.
year 1947 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from June 11 1947 to June 17 1947
that I last saw him alive on June 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 6 days

Due to Cerebrovascular disease green
& hypertension 540

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

Major findings: Of operations _____
Of autopsy _____
93 d

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 place)
(e) Means of injury _____
23. Signature Prof. P. H. ... (M.D. or other)
Address 1232 Prof. P. H. ... Date signed 6/19/47

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

MOTHER, FATHER

18-6430
J. A. Minion

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.....

Jerry A. Minion, Registered Apprentice No. *437*,
working under my personal supervision.

Signed: *Cortland Minion*

Licensed Embalmer No. *3414*

P. O. Address. *918 Brooklyn*

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.