S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1948

Registration District No. 749

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41648

Registrar's No. 5372

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: 929 Paseo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 929 Paseo 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME: MARY ADELINE DUNN

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

3. (c) Social Security No.: none

4. Sex: fe

5. Color or race: white

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

6. (b) Name of husband or wife: William T. Dunn

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

7. Birth date of deceased: April 18 1858 (Month) (Day) (Year)

8. AGE: Years 89 | Months 8 | Days 3 | If less than one day: ..... hr. ..... min.

9. Birthplace: Ky. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: at home

MOTHER FATHER

12. Name: William Stonebraker 9

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Louis E Martin

(b) Address: 929 Paseo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-23-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Floral Hills

18. (a) Signature of funeral director: C. H. Blackman & Son, Inc

(b) Address: 2825 Independence Blvd.

19. (a) 12-22-47 (Date received local registrar) (b) Stella Mae Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21 year 1947 hour 4 00 minute a M.

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

	Duration
Immediate cause of death: Coronary thrombosis	
Due to: Generalized arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 93 d	
Of autopsy: no	
Autopsy + Surgicutus	

PHYSICIAN — Underline the cause of 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: [illegible] (M. D. or ~~other~~) Coron

Address: 1024 Paf Mo Date signed 12-22-47

Jefferson City Printing Co.

(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 O K McFarland

Licensed Embalmer No. 4397

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.