U. S. No. 2
M—1/47
Rev. 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. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41650

Registrar's No. 5373

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: MENORAH
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12-11-47 to 12-20-47 (Specify whether years, months or days)
In this community: 41 YRS.

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.: 7409 LYDIA AVE.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: SARAH DUNN
3. (b) If veteran, name war: — no
3. (c) Social Security No.: — none
4. Sex: FEMALE
5. Color or race: WH.
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: FRANK DUNN
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: JULY (Month) — (Day) 1866 (Year)

8. AGE: Years 81 | Months 5 | Days — | If less than one day ... hr. ... min.

9. Birthplace: — (City, town, or county) RUSSIA (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business: —

FATHER
12. Name: ABRAHAM I. HANKIN
13. Birthplace: — (City, town, or county) RUSSIA (State or foreign country)

MOTHER
14. Maiden name: META SCHPUNT
15. Birthplace: — (City, town, or county) RUSSIA (State or foreign country)

16. (a) Informant: MRS. MINNIE PARLMAN
(b) Address: 7409 LYDIA.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation: SHEFFIELD CEM'TY
18. (a) Signature of funeral director: J. P. LOUIS FUNERAL HOME
(b) Address: 3400 WOODLAND, K.C., MO.
19. (a) 12-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20 year 1947 hour 10:00 minute P. M.
21. I hereby certify that I attended the deceased from about ..., 1944 to Dec 20 1947 that I last saw her alive on Dec 20, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Chronic Myocarditis	
Due to: Asthma, allergy & sensitivity	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: yes

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~~)
Address: 628 [illegible] 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 A. L. Louie

Licensed Embalmer No. 3110

P. O. Address K. C., 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.