

No. 2
-1/47
-17-39

FILED MAR 22 1948
Registration District No. _____

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Missouri Methodist Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 hours** (Specify whether
47 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **CLARA ESTELL DUNFORD**

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 **Widow**

6. (b) Name of husband or wife **Patrick L. Dunford**

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

7. Birth date of deceased **Jan. 3, 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 **2** **7** hr. min

9. Birthplace **Topeka Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Helper**

11. Industry or business **Benton High School Cafeteria**

12. Name **William Roney**

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

14. Maiden name **Julia Robinson**

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

16. (a) Informant **Glenn Dunford**

(b) Address **6324 Carnegie St. St. Joseph, Mo.**

17. (a) Burial (b) Date thereof **Mar. 12, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Auburn Cemetery**

18. (a) Signature of funeral director **Ernest [Signature]**

(b) Address **120 Illinois Ave. St. Joseph, Mo.**

19. (a) **3-16-48** (b) **W. B. Jenkins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")

(d) Street No. **808 Garden St.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **10**
year **1948** hour **10** minute **45** A.M.

21. I hereby certify that I attended the deceased from **March 10, 1948** to **March 10, 1948**
that I last saw **or** alive on **March 10, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **2 hrs.**

Due to **Hypertensive cardiovascular disease**

Due to _____

Other conditions **none**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **1948**

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
Date of occurrence _____

(b) 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? _____ (c) Means of injury _____

23. Signature **[Signature]** (M. D. or other) **MD**

Address **St. Joseph, Mo** Date signed **3/12/48**

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.....

Earl A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.