No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11553

FILED MAY 3 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 475

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 days (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1911 Savannah, Avenue 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME WILLIAM DUNBAR
WILLIAM DUNBAR

3. (b) If veteran, name war No
3. (c) Social Security No. ?

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Harriett
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased February (Month) 9 (Day) 1870 (Year)

8. AGE: Years 78 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Unk. (City, town, or county) Ind. (State or foreign country) 1
10. Usual occupation Ret. Street Car Operator
11. Industry or business St. Joseph St. Railway

FATHER
12. Name John W. Dunbar
13. Birthplace Unk (City, town, or county) Unk (State or foreign country) 9

MOTHER
14. Maiden name Sarah Buckholter
15. Birthplace Unk (City, town, or county) Unk (State or foreign country) 9

16. (a) Informant Mrs. Harriett Dunbar
(b) Address 1911 Savannah, St. Joseph, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenleaf Kansas
18. (a) Signature of funeral director Stone Grove Hall
(b) Address St. Joseph, Mo.
19. (a) 4-27-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 297

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 19
year 1948 hour 1 minute 8 M.

21. I hereby certify that I attended the deceased from Apr 17, 1948, to Apr 19, 1948
that I last saw him alive on 12:55 P.M. Apr 19, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial insufficiency, Congestive Heart failure	48 hrs.
Due to Acute Anterior Coronary Occlusion, occured 10:00 AM 4/17/48.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

9 B E

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) 0
While at work? (e) Means of injury

23. Signature Robert L. Conrad (M. D. or other) MD
Address 404 Tootle Bldg St. Joseph, Mo Date signed 4/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 26 1950

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.