

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31681**  
Registrar's No. **3779**

Registration District No. **399**  
Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Jackson City**  
(c) Name of hospital or institution: **1834 Agnes**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **no**  
In this community **4 yrs**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Jackson**  
(c) City or town **J. C. Tho.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1834 Agnes**  
(If rural give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Burton C. Dunn**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **no.**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept** day **28**  
year **1939** hour **7:35** minute **35** M.

4. Sex **Male** 5. Color or race **wh.**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Etta Dunn**  
6. (c) Age of husband or wife if alive **66** years  
7. Birth date of deceased **Feb. 4 1870**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 27**, 19**39** to **Sept 28**, 19**39**  
that I last saw him alive on **Sept 28**, 19**39**  
and that death occurred on the date and hour stated above.

8. AGE: Years **69** Months **7** Days **24**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death **Coronary Thrombosis and Arteriosclerotic Obstruction**  
Due to **2 30**  
Due to **9 40**  
Duration **sudden**

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

10. Usual occupation **Oil Business**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **William**  
13. Birthplace \_\_\_\_\_  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature **Etta Dunn**  
(b) Address **1834 Agnes**  
17. (a) **Burial** (b) Date thereof **Oct 4-39**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Wash. Wash. Home**  
18. (a) Signature of funeral director **Edgar Russell Home**  
(b) Address **1800 Elmwood**  
19. (a) **Sept 30-39** (b) **H. M. Crowe**  
(Date received local registrar) (Registrar's signature)

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 **John H. Lapp** (M. D. or other) \_\_\_\_\_  
Address **1314 Professional Bldg.** Date signed **9/28/39**

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 \_\_\_\_\_

Chas Wilks, Registered Approacher No. \_\_\_\_\_  
working under my personal supervision.

Signed Chas Wilks  
Licensed Embalmer No. 9644  
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, above space should be left blank.