S.S.No. Unknown-if any

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21519
Do not use this space.

JUL 17 1940 3

1. PLACE OF DEATH
(a) County Clay — Registration District No. 198
(b) Township Fishing River — Primary Registration District No. 3011 — Registered No. 95
or
(c) City Excelsior Springs, Mo. (d) Street No. Veterans Administration Facility St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 1 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 500 William R. Dunn
(a) Residence, No. 3607 College, Kansas City, Mo. St. Kansas City, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1876 (Mo. and da. unknown)
7. AGE: YEARS 64 — MONTHS ? — DAYS ? — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. WPA Surveyor
9. Industry or business in which work was done, as saw mill, bank, etc. Work Projects Admin.
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chetopa, Kansas 1

FATHER
13. NAME James H. Dunn 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Detroit, Michigan 5

MOTHER
15. MAIDEN NAME Bridgett Cannon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cork Ireland

17. INFORMANT (ADDRESS) Hospital Records
18. ~~BURIAL, CREMATION, OR REMOVAL~~ Removal
PLACE Wadsworth, Kans. DATE June 19 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude Prichard 180
~~Excelsior Springs, Mo.~~
20. FILED June 20, 1940 Mrs Rea McCracken
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1940
22. I HEREBY CERTIFY, That I attended deceased from May 17, 1940, to June 19, 1940
I last saw him alive on June 19, 1940. Death is said to have occurred on the date stated above, at 12:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive and coronary arterio-sclerotic disease of the heart with cardiac enlargement, myocardial fibrosis and myocardial ~~fibrosis~~ insufficiency, Class 5	

Other contributory causes of importance:
Cirrhosis of the liver with portal obstruction and ascites 124 B

Name of operation None Date of
What test confirmed diagnosis? Examination and observation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? --- Date of injury ....., 19....
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Unknown
(Signed) W.A. German, M. D.
(Address) W. A. GERMAN, M.D. CLinical Director Veterans Administration Facility Excelsior Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

4 2 1

50M-9-19-38 I X16605

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-16-40

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 Robert Ray, Registered Apprentice No. 226, working under my personal supervision.

Signed Claude Prichard

Licensed Embalmer No. 2757

P.O. Address Excelsior Spgs 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.