

FILLED AUG 10 1941

Registration District No. 399

Primary Registration District No. 1002

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

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:
2519 Lawn Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 45 Years / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 70
(If outside city or town limits, write "RURAL")
(d) Street No. 2519 Lawn Ave. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lucy Evelyn Dunn

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

4. Sex Female 5. Color or race White 6. (a) Single, Married, divorced, Widow
6. (b) Name of husband or wife George Dunn 6. (c) Age of husband or wife if alive 1862 years
7. Birth date of deceased May 1 (Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 4 If less than one day no min.

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

10. Usual occupation House Wife

11. Industry or business At Home

12. Name Theodore Haffner
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name no Record
15. Birthplace no Record 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mare Priett
(b) Address 4937 Highland

17. (a) Burial (b) Date thereof July 7, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn, K. C., Mo.

19. (a) 7-7-41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 5 day year 1941 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 1 to July 15, 1941
that I last saw him live on July 17, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis 4 da

Due to Pneumonia 121
Due to Ch. Biliary Dysentery 121
Other conditions Ch. Myocardial
(Include pregnancy within 3 months of death)

Major findings ✓
Of operations _____
Of autopsy none done

Duration _____
PHYSICIAN _____
Underline the cause to 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? ✓

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature D. B. [unclear] (M.D. or other) 0
Address 4800 E. 24th St. L. Date signed 7/15/41

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

J. Alan Sheppard
Licensed Embalmer No. 4179

P. O. Address R. 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.