

S. No. 2  
M-5-42  
7, 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
DEC 28 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39654  
Registrar's No. 4713

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: General Hospital No. 20  
(d) Length of stay: In hospital or institution 3 years  
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 1018 Vine  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME DOUGLAS DUNMORE  
(b) If veteran, name war  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 6 year 1942 hour 5 minute 10 p.m.

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced, Widowed  
7. Birth date of deceased August 8 1872

21. I hereby certify that I attended the deceased from November 20 1942 to December 6 1942  
that I last saw him alive on December 6 1942

8. AGE: Years 70 Months 3 Days 28

Immediate cause of death. Acute Congestive Heart Failure

9. Birthplace Merouffe Louisiana  
10. Usual occupation None

Due to Arteriosclerotic type heart disease

MOTHER FATHER { 11. Industry or business  
12. Name Willis Dunmore  
13. Birthplace  
14. Maiden name Nancy  
15. Birthplace  
16. (a) Informant Record Clerk  
(b) Address General Hospital No. 2

Other conditions. 93 D  
Due to

17. (a) Burial (b) Date thereof 12 10 1942  
(c) Place: burial or cremation  
18. (a) Signature of funeral director  
(b) Address 2000 E. 12th  
19. (a) 12-7-42 (b) M. M. Crowe

Major findings: Of operations  
Of autopsy

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature of physician M. D. or other  
Address Gen. Hosp #2-604 E. Date signed 12-7-42

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

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**