

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1221

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Walker's Nursing Home, 5115 Barbara  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days   
(Specify whether years, months or days)

In this community 78 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Saint Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 2422 Olive Street  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emily E. Dunn

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 15, 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	3	0	br. min.

9. Birthplace Saint Joseph, Missouri ( )  
(City, town, or county) (State or foreign country)

10. Usual occupation Dress Maker

11. Industry or business Self

12. Name Charles Tyler Dunn

13. Birthplace Unknown ( )  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown ( )  
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard Beems

(b) Address 2422 Olive Street

17. (a) Burial (b) Date thereof 11/17/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Hester, Behle & Bowman

(b) Address 319 So. 10th. Street

19. (a) Nov 17-1945 (b) H. J. Huthaus  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th.  
year 1945 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from Oct. 19, 1945 to Nov. 15, 1945  
that I last saw him alive on Nov. 7, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage Duration 1 mo.

Due to arterio-sclerosis & hypertension 4 yrs

Due to \_\_\_\_\_

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

Major findings:  
Of operations none  
Of autopsy none

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) (2) Means of injury.

23. Signature H. T. Bloomer (M. D. or other) M.D.

Address 1218 N. 32 Date signed 11/16/45

FATHER  
MOTHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Farming & Flaming  
William Ireland  
Magdalena Harbach  
Canada

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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 Frank A. Bowring  
Licensed Embalmer No. 1710  
P. O. Address St. Joseph M.

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.