S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1057

FILED FEB 7 1949

Registration District No. 1499

Primary Registration District No. 1002

Registrar's No. 434

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~~: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 2 WEEK (Specify whether
In this community 1 WEEK
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State KANSAS (b) County RAWLINS
(c) City or town McDONALD - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EARL C. DUNGAN
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband~~ or wife MRS. LELA M. DUNGAN
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased MAY (Month) 2 (Day) 1889 (Year)

8. AGE: Years 58 Months 8 Days 28 If less than one day hr. min.
9. Birthplace RAWLINS COUNTY (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
12. Name WILLIAM H. DUNGAN
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)
14. Maiden name SNAVELY
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant MRS. LELA M. DUNGAN
(b) Address R.R. #2 McDONALD, KANSAS
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JAN. 31 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ ATWOOD, KANSAS
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 1-31-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MOTHER FATHER
Gen. 24 Hr. H.C. Stotts

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 30th
year 1948 hour minute P.M.
21. I hereby certify that I attended the deceased from Jan. 17, 1948, to 1-30, 1948
that I last saw her alive on 1-30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Lemby
Due to Mrs. Duodenal Posterior
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 117.6
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M.D. or other)
Address 924 Pr. Blvd. Date signed 1-31-48

(Licensed Embalmer's Statement on Reverse Side)

924 Unofficial Reg.
12-3130

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 Robert Ray

Licensed Embalmer No. 4183

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Kansas
County of Rawlins } ss.

State File No.
Local Registrar's No. 434

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 17th day of January, 1948, before me appears Lela M. Dungan, who, upon her oath, states that the original record of ~~birth~~ death for Earl C. Dungan died ~~born~~ January 30, 1948, in the State of Missouri, and which was filed at K. C. Mo. on ~~Feb.~~ JAN. 31, 1948, should be corrected as follows:

Item No. 1 (d) should read Length of stay in Hospital 2 weeks

Instead of 1 week

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lela M. Dungan wife
Relationship.

McDonald, Kansas
Present Address.

Subscribed and sworn to before me this 17th day of February, 1948

My Commission expires Oct. 20, 1951

Rose R. Wingfield Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M-3-42
1 X32339

S - 1057.