

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4744**
Registrar's No. **592**

FILED MAR 1 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (In this place) About 37yrs.

c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hospital #2

e. STREET ADDRESS (If rural, give location) 1319 Paseo

3. NAME OF DECEASED
a. (First) FANNIE b. (Middle) A. c. (Last) DUNN

4. DATE OF DEATH (Month) 2 (Day) 8 (Year) 1956

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 9, 1879 9. AGE (In years last birthday) 76 10. IF UNDER 1 YEAR Months _____ Days _____ 11. IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) School Teacher (Retired)

11. BIRTHPLACE (City and State or Foreign Country) Corsicana, Texas 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Benjamin Jackson

13b. MOTHER'S MAIDEN NAME Anna?

14. NAME OF HUSBAND OR WIFE Henry Clay Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Apperson-2675 St. Paul, Denver, Colo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas.
INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
15.7 X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 12-27-55, 19 , to 2-8-56, 19 , that I last saw the deceased alive on 2-8-56, 19 , and that death occurred at 1:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Bryan (Name of title) _____

23b. ADDRESS 600 E. 22nd St.

23c. DATE SIGNED 2-8-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/11/56

24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 2-9-56 REGISTRAR'S SIGNATURE Neve Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Sterling Kella 1212 Vine K.C. Mo.

WRITE PLAINLY—USING 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

E. Sterling Bill

Licensed Embalmer No. 31

P. O. Address 1212

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.