

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DEC 19 1938

39038
 Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 250
 (b) Township Monroe Primary Registration District No. 5349
 (c) City..... (d) Street No..... St.
 (e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

552 Paulina Dunnington

(a) Residence, No. Daviess Co., Missouri St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Dunnington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 1 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year) Oct. 1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia Missouri

FATHER 13. NAME John Ridinger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

MOTHER 15. MAIDEN NAME Paulina Null
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Louisiana

17. INFORMANT (ADDRESS) Mrs. John Sharp R. R. 1 Gallatin, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Lick Fork Cemetery DATE Nov. 20, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hope Furn. & Undt Co. Gallatin, Mo.

20. FILED Nov 20 1938 H. G. Hope Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1938, to Nov. 19, 1938

I last saw her alive on Nov. 18, 1938. Death is said to have occurred on the date stated above, at 8:30 AM

The principal cause of death and related causes of importance were as follows:

Senility, Debility of age, No acute disease
 Date of onset

Other contributory causes of importance: 16 1/2

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify R. P. Hooker M. D.
 (Signed) H. G. Hope (Address) Gallatin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

L. O. Richesson

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

L. O. Richesson

Licensed Embalmer No. : 3302

P. O. Address Gallatin, Missouri

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, above space should be left blank.