

JAN 24 1938

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

Do not use this space.

42440.

1. PLACE OF BIRTH

County Buchanan

Registration District No. _____

Township _____

Primary Registration District No. 100

City St. Joseph (No. State High # 2)

File No. _____

Registered No. 1320

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 92 2 1/2 S 14th St., Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred - yrs. - mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Deceased - Clea Dunbar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 1894

7. AGE YEARS 44 MONTHS 11 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Store

10. Date deceased last worked at this occupation (month and year) Aug. 1935 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concord Bluffs Iowa

13. NAME Henry Dunbar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cadbury Mills Michigan

15. MAIDEN NAME Matilda Hemings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte City Missouri

17. INFORMANT (ADDRESS) Records - State High # 2 St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE Dec. 31, 1938

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden & Son 802 Union St. St. Joseph, Mo.

20. FILED Dec 29 1938 H. J. Specklebusch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1938 to Dec 28 1938 last saw him alive on Dec 28 1938 Death is said to have occurred on the date stated above, at 10:15 a.m.

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

Chronic Myocarditis Date of onset Indef

Other contributory causes of importance: General Paralysis of the Insane

Name of operation None Date of _____ What test confirmed diagnosis Autopsy Was there an autopsy? 70

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? No If so, specify _____

(Signed) Ronald Brit, M. D. (Address) State High # 2

by C. E. DeLong, Jr., D.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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, R. Harrington, Licensed Embalmer No. 3258,
hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by myself
or by _____, Registered Apprentice No. _____

(Signed) R. Harrington
Licensed Embalmer No. 3258

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(Failure to comply with the above regulation constitutes grounds for revocation of license)