

REC'D FEB 28 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH4047
Do not use this space.

1. PLACE OF DEATH

(a) County Shannon Registration District No. 823
 (b) Township Assessors Primary Registration District No. 4498 Registered No. _____
 (c) City Winona (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

5th) Erwin DUNN
 (a) Residence, No. Winona Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daisy Dunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-26-1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 8 17

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reasbyville Tenn

FATHER
 13. NAME John Dunn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
 15. MAIDEN NAME Elizabeth Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Mildred Dunn Winona Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Reasbyville Tenn DATE 1-15-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Coy Tenchel Box 100 Winona Mo

20. FILED 1-14 1939 Frank Boyd Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-10-1939, to 1-13-1939

I last saw him alive on 1-13-1939. Death is said to have occurred on the date stated above, at 4:55 a.m.

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

Broncho Pneumonia

Date of onset

Other contributory causes of importance: 10/1/39

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 _____

(Signed) Frank Boyd _____, M. D.

744 (Address) Winona Mo

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, 209 13-1

....., or by

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

Signed.....

Phil A. Luchel

Licensed Embalmer No.....

2936

P. O. Address.....

Von Buren 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, above space should be left blank.