

REC'D MAY 10 1939

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

14765  
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 288  
(b) Township 2nd Primary Registration District No. 4172 Registered No. \_\_\_\_\_  
(c) City Kennett Mo (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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

535 Gordon Lee Dunscomb  
(a) Residence, No. 315 Hopewell St St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 - 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

12. BIRTHPLACE (CITY OR TOWN) Kennett Mo (STATE OR COUNTRY)

FATHER 13. NAME Raymond Dunscomb 14. BIRTHPLACE (CITY OR TOWN) Clarkson Mo (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mildred Stines 16. BIRTHPLACE (CITY OR TOWN) Kennett Mo (STATE OR COUNTRY)

17. INFORMANT Raymond Dunscomb (ADDRESS) 315 Hopewell Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 4-4 1939

19. FUNERAL DIRECTOR (NAME) Leitch and Co (ADDRESS) Kennett Mo

20. FILED 4-21 1939 Thelma Doss Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4 1939

22. I HEREBY CERTIFY, That I attended deceased from April 4 1939 to April 4 1939. I last saw him alive on March 4 1939. Death is said to have occurred on the date stated above, at 4:40 a.m.

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

Stelborn  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) Paul B. Green, M. D.  
S.P. (Address) Kennett Mo

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.

1 X14025

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DISTRICT OF COLUMBIA  
HEALTH DEPARTMENT

RECEIVED

District Health Officer No. 3,

District File Number 39-297

Date Filed 5-4-39

**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 .....

Licensed Embalmer No. ....

P. O. Address .....

**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.**