

REC'D JUN 19 1939

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

18929
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411

(b) Township Galena Primary Registration District No. 3002 Registered No.

(c) City Joplin (d) Street No. 2222 Grand Ave. 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 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles C. Dunn

(a) Residence, No. 2222 Grand Ave. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 5 29

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

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

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Mattoon, (STATE OR COUNTRY) Illinois

13. NAME Morris Dunn

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

15. MAIDEN NAME Emily Carter

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

17. INFORMANT Miss Gladys Dunn (ADDRESS) Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho, Mo DATE 5-31-39 19.

19. FUNERAL DIRECTOR (NAME) Thornhill-Dillon (ADDRESS) Joplin, Mo.

20. FILED 5-31, 1939 Ed D. James 372 (Address) Joplin, Mo.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-29-39

22. I HEREBY CERTIFY, That I attended deceased from 5-26, 1939, to 5-29, 1939
I last saw him alive on 5-29, 1939. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
apoplexy
cerebral
chronic myocarditis
Date of onset

Other contributory causes of importance:
chronic myocarditis

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? no
If so, specify.....
(Signed) Dr. Roy F. Freeman D.
(Address) Joplin, 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1284

Date Filed JUN 9 1939

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.....

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

Signed.....

Don Fehrbach
.....
Licensed Embalmer No. 4008

P. O. Address..... Joplin, 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.