

REC'D SEP 14 1939

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

29226

Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 334  
(b) Township Bethany Hospital Primary Registration District No. 4197 Registered No. 49  
(c) City Bethany Hospital (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. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME WILLARD JAMES DUNKERSON

(a) Residence, No. Washington Township 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
56 11 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME Alonzo Danderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cagleville Missouri

15. MAIDEN NAME Nancy A. Roach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hastings Ia.

17. INFORMANT (ADDRESS) C. M. Benzyl Cagleville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cagleville Mo. DATE Aug 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. S. Kazan Ridgeway Mo.

20. FILED 8-9-39 W. D. Wittmer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-24-1939 to 8-5-1939

I last saw him alive on 8-5-1939. Death is said to have occurred on the date stated above, at 2:25 pm

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

Infernic Pneumonia of right lung

Date of onset

5-8-39

Other contributory causes of importance: tick bite

7-15-39

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? chest 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 direct hit (wood tick)  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) W. D. Wittmer M. D.  
30 (Address) Bethany Mo.

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

RECEIVED

District Health Officer No. 11;

District File Number 939-1185

Date Filed 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.....

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

Signed J.P. Reegan

Licensed Embalmer No. 2026

P. O. Address Ridgeway

**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.**