S. No. 2
-11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1940

Registration District No. 810

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3963

Primary Registration District No. 4488

Registrar's No. 3 —

1. PLACE OF DEATH:

(a) County Scotland 2

(b) City or town Memphis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland

(c) City or town Memphis Mo
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lewis K Dunn 500

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

6. (c) Age of ~~husband or~~ wife if alive 73 years

7. Birth date of deceased Aug (Month) 12 (Day) 1864 (Year)

8. AGE: Years 75 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Scotland Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer 0

11. Industry or business

FATHER
12. Name Carmon Dunn 1
13. Birthplace Mansfield (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Pierce
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs Dick Moffett
(b) Address Memphis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 24 (Day) 1940 (Year)
(c) Place: burial or cremation Memphis Mo.

18. (a) Signature of funeral director Gertho Baskett
(b) Address Memphis Mo

19. (a) Feb. 1-'40 (Date received local registrar) (b) E E Parrish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 23
year 1940 hour 11 minute 300 M.

21. I hereby certify that I attended the deceased from Jan 22, 1940, to Jan 23, 1940;
that I last saw him alive on Jan 23, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemmorrhage

Due to — Hypotension

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence — —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
(Specify type of place)
While at work? (e) Means of injury

725
23. Signature P M Baker (M. D. or other) 1
Address Memphis Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-40-446
Date Filed FEB 14 1940

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 Albert C. Gerth

Licensed Embalmer No. 3689

P. O. Address Memphis Mo

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

If this body is not embalmed, above space should be left blank.