

No. 2
1-10-39
17-39
X21492

FILED OCT 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33400

State File No. _____

Registration District No. 908

Primary Registration District No. 0183

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Belgrade
(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 2
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charles Dunklin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased aug 26 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation N

11. Industry or business Farming

12. Name Arbitrary Dunklin
13. Birthplace Iran (City, town, or county) Mo (State or foreign country)
14. Maiden name Mary Bricker
15. Birthplace Iran (City, town, or county) Mo (State or foreign country)

16. (a) Informant Bill Dunklin
(b) Address Peters R, 9

17. (a) _____ (b) Date thereof oct 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Belgrade mo

18. (a) Signature of funeral director Sharp
(b) Address Peters mo

19. (a) 10-14-40 (b) Ella White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Washington
(c) City or town Belgrade Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9 1940
year 1940 hour 12 m. midnight P. M.

21. I hereby certify that I attended the deceased from Dec, 1939 to Oct 9, 1940;
that I last saw him alive on Oct 9 - 12 noon, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial
Decompensation Duration 21

Due to Chronic Myocarditis

Due to _____

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

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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?
810 (Specify type of place)
While at work? _____ (e) Means of injury 3

23. Signature R. M. Davidson
Address Belgrade Date signed 10/16/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.