

No. 2  
11-10-39  
-17-39  
I 2212

JAN 8 1941

State File No. \_\_\_\_\_

Registration District No. 467

Primary Registration District No. 42805678

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Lawrence Co.

(b) City or town Aurora Mo R. 1  
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community 59 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Aurora Mo R. 1  
(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 Mary Jane Dunning

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30  
year 1940 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from Dec 27 1940 to Dec 30 1940  
that I last saw her alive on Dec 30 1940  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Johnnie Dunning

6. (c) Age of husband or wife if alive 11 years  
(Month) (Day) (Year)

7. Birth date of deceased Oct 1898  
(Month) (Day) (Year)

Immediate cause of death Influenza Duration 3 days

8. AGE: Years 92 Months 09 Days 19  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace High Point N. C.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

11. Industry or business \_\_\_\_\_

12. Name Geo. Washington Cecil

13. Birthplace N. C.  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Stone

15. Birthplace N. C.  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant D. M. Jones

(b) Address Aurora Mo R. 1

17. (a) Burial (b) Date thereof Dec 31 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville Cemetery

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address Bellvue, Missouri

19. (a) Dec 30 1940 (b) W. D. Cowan  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Neil Durrick (M. D. or other) \_\_\_\_\_  
Address 124 W Pleasant Date signed 12/30/40

Aurora Mo

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

RECEIVED

District Health Officer No. 6

District File Number

141-3064

Date Filed

JAN 2 1944

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

Registered Apprentice No.

working under my personal supervision.

Signed

Andrew Forbin

Licensed Embalmer No.

3649

P. O. Address

Billings, 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.