

FILED FEB 14 1941

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 1

1. PLACE OF DEATH

(a) County Carroll mo.
(b) City or town Carrollton
(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

8. (a) PRINT FULL NAME Wm Harlow Dunsen

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Sept 25 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name J. C. Dunsen

13. Birthplace Carrollton Mo. A.
(City, town, or county) (State or foreign country)

14. Maiden name Ludie Harlow

15. Birthplace Carrollton Mo. A.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. C. Dunsen

(b) Address Carrollton, Mo.

17. (a) Burial (b) Date thereof 1-2-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gilead Cem.

18. (a) Signature of funeral director Stanley

(b) Address Carrollton, Mo.

19. (a) 1-2-1941 (b) John Haskins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st
year 1941 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 31, 1940
to Jan 1, 1941
that I last saw him alive on Jan 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Septic pneumonia
Due to _____
Due to _____

Other conditions 10/8
(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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Haskins (Seal or other) _____
Address Carrollton, Mo. Date signed Jan 1, 1941

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. 8,
District File Number 9-5-41
Date Filed 11-5-41

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..... Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address..... Carrollton, Ga

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.