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REC FEB 14 1941  
318

STANDARD CERTIFICATE OF DEATH

2001

2619

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

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 666

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 859 N. Jefferson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 4 months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Unknown  
(c) City or town Unknown 997  
(If outside city or town limits, write "RURAL") 34  
(d) Street No. Unknown  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 2 years.

3. (a) PRINT FULL NAME Eugene Detoshia Dunnaway

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Catherine E. Dunnaway 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased (Month) Mar (Day) 15 (Year) 1870

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>10</u>	<u>6</u>	hr. - min.

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

10. Usual occupation retired mill man

11. Industry or business lead mines

12. Name not known

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name Julia (not known)

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Velma L. Payne

(b) Address 859 N Jefferson

17. (a) Burial (b) Date thereof Jan 24  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Mo

18. (a) Signature of funeral director Lane Fun. Home

(b) Address Miami Okla

19. (a) 1-23-41 (b) W. E. Handley md  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21<sup>st</sup> year 1941 hour \_\_\_\_\_ minute 6 P M.

21. I hereby certify that I attended the deceased from Dec 14 1940 to Jan 21 1941 that I last saw him alive on Jan 21 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiopneum  
renal

Due to 1/21/41

Due to general

Other conditions arterio-sclerosis  
(Include pregnancy within 3 months of death)

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

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? at

(e) Means of injury \_\_\_\_\_  
23. Signature W. E. Handley (M. D. or other) md  
Address Springfield Mo Date signed 1/21/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

79  
22  
6

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**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, fact should be so stated above.**