

Registration District No. 547

Primary Registration District No. 3029

State File No. _____

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 218 North Hayden
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not in hospital
(Specify whether
In this community Two years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 218 North Hayden
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st
year 1940 hour 8:40 minute P. M.
21. I hereby certify that I attended the deceased from Dec 29
1940, to Dec 31, 1940,
that I last saw h. er alive on Dec 31, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death uremia
Due to Chronic nephritis
Due to Chronic Nephritis
Other conditions Pericarditis
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Clemmie Mae Dunnaway

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

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

6. (b) Name of husband or wife Rollie Dunnaway 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 17, 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 14
If less than one day hr. _____ min. _____

9. Birthplace Steelmille, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Bruce Ferguson

13. Birthplace (Don't know) Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Mildred (Don't know)

15. Birthplace (Don't know)
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph F. Strawhorn

(b) Address Hannibal, Mo.

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

(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director Roy C. Schwartz

(b) Address Hannibal, Mo.

19. (a) Jan 3 41 (b) N. C. Gisher
(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? Y

(e) While at work? _____ (Specify type of place)

(f) Means of injury _____

23. Signature Glen R. Miller (M. D. or other) _____

Address Hannibal Mo Date signed 1/2/41

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

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.....

Ray P. Schwartz

Registered Apprentice No.

working under my personal supervision.

Signed *Ray P. Schwartz*

Licensed Embalmer No. *17650*

P. O. Address *Manuibal*

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.