

Registration District No. 4-11

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 109 E. 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether years, months or days)
In this community NO RECORD

3. (a) PRINT FULL NAME CLYDE DUNNING

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 DIVORCED
6. (b) Name of husband or wife NO RECORD 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased SEPTEMBER 19 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 29 hr. min.

9. Birthplace MT. AYR IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation ACCOUNTANT

11. Industry or business OFFICE

MOTHER FATHER
12. Name DAY DUNNING
13. Birthplace EDWARDSBURG MICHIGAN
(City, town, or county) (State or foreign country)
14. Maiden name MARION KEELER
15. Birthplace MT. EPHRIAM OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D.P. Hall
(b) Address Osweego, Kansas
17. (a) Removal (b) Date thereof 3-20-41
(Specify removal, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OSWEGO, KANS. LABETTE CEMETERY
18. (a) Signature of funeral director Perry K. Hurebut
(b) Address 212 Joplin St. Joplin Mo.
19. (a) 3-19-41 (b) Ed Dunning
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER
(c) City or town JOPLIN
(If outside city or town limits, write "RURAL")
(d) Street No. 918 JOPLIN ST
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day March
year 1941 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____
that I last saw him alive did not see him alive
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Coronary occlusion
Due to general atherosclerosis
Due to _____

Other conditions (Include pregnancy within 3 months of death) None
Major findings: Of operations _____
Of autopsy _____
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? 37%
(Specify type of place) (e) Means of injury Coconut
23. Signature P. K. Hurebut (M. D. or other) _____
Address Osweego, Mo. Date signed March 19 1941

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

49
25

49
25

19 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 *Sam E. Sweeney*

Licensed Embalmer No. *4094*

P. O. Address *Joplin 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, fact should be so stated above.