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23159

APR 9 1941

Registration District No. 11.7 Primary Registration District No. 5C7A Registrar's No. _____

1. PLACE OF DEATH: Perry

(a) County Perry

(b) City or town "Rural" Bois Brule
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Perryville Mo R.F.D. #3
(If in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Six & a half years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. Perryville, Mo R.F.D. #3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JAMES IVAN DUNKER

3. (b) If veteran, name war: _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 27 1931
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

9	10	24	hr. min.
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9. Birthplace White, S. Dakota 1
(City, town, or county) (State or foreign country)

10. Usual occupation "At School"

11. Industry or business _____

MOTHER FATHER

12. Name Hilary Dunker

13. Birthplace Perry Co. Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Eunice Berry

15. Birthplace Lytton, Iowa 1
(City, town, or county) (State or foreign country)

16. (a) Informant Hilary Dunker

(b) Address Perryville, Mo Route #3

17. (a) Burial at Perryville (b) Date thereof Feb 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Hope Cem. Perryville Mo

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

(b) Address Perryville Mo

19. (a) _____ (Date received local registrar)

_____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20th
year 1941 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-19-41
_____, 19____, to 2-20-41, 19____;

that I last saw him alive on 2-20-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Automilia

Due to Influenza 3 weeks

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 Dr. L. T. Hilly (M. D. or other) _____

Address Perryville Mo Date signed 2-21-41

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Albert Bey*

Licensed Embalmer No..... *3866*

P. O. Address..... *Perryville, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.