

No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17685

FILED JUN 9 1941

Registration District No. 248

Primary Registration District No. 5344

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town "Rural" Liberty Township
(c) Name of hospital or institution:
5 Miles N.W. Gallatin, Mo.
(d) Length of stay: In hospital or institution _____
In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town "Rural" Liberty Twp.
(d) Street No. 5 Miles N.W. Gallatin
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1941 hour 6 minute 03 P. M.
21. I hereby certify that I attended the deceased from Apr 7
1941, to Apr 14 1941
that I last saw him alive on Apr 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Relief Pneumonia
Due to Catching cold + influenza
Duration 7 days

Other conditions
(Include pregnancy within 3 months of death)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

28. Signature M.B. Bailey
Address Gallatin, Mo. Date signed 4/17-41

3. (a) PRINT FULL NAME Peter Goodlow Dungan

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Peoria Dungan 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased December 7 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name Abraham Dungan
18. Birthplace Unknown Kentucky
14. Maiden name Frances Adams
15. Birthplace Unknown Unknown

16. (a) Informant Mrs. P. G. Dungan
(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 4 13 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crab Orchard Cem.

18. (c) Signature of funeral director Hope Turner, Trust Co.
(b) Address Gallatin, Mo.

19. (a) 5-10-41 (b) Mrs. L. H. Hetcher
(Date received local registrar) (Registrar's signature)

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 *L. O. Dickerson*

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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, above space should be left blank.