

26478

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 16 1941

Registration District No. 900

Primary Registration District No. 6208

Registrar's No. _____

1. PLACE OF DEATH:

(a) County: Webster
(b) City or town: Rural-Union township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Webster
(c) City or town: Rural-Union township
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5 1941
year 1941 hour 8 minute 45 a. m.
21. I hereby certify that I attended the deceased from JAN - 1940
to DEATH 1941
that I last saw her alive on FEB. 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDIAL FAILURE, ACUTE
Due to THYROTOXICOSIS
Due to TOXIC NODULAR GOITRE
Other conditions SENILITY
Major findings: 621
Of operations: _____
Of autopsy: _____

Duration
WEEK
30YRS.
30 YRS.
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME: Rebecca Elizabeth Dunn
(b) If veteran, name war X (c) Social Security No. X

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Solomon Dunn 6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: February 14 - 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 21 If less than one day X hr. X min.

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

10. Usual occupation: Housewife

11. Industry or business: Home

12. Name: John Dobson Mackie
13. Birthplace: Unknown
14. Maiden name: Mahala Jane Johnston
15. Birthplace: Unknown

16. (a) Informant's own signature: Arthur Dunn
(b) Address: Manqua, Missouri

17. (a) Burial (b) Date thereof: 2-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Amity

18. (a) Signature of funeral director: Ray A. King
(b) Address: Marshfield, Mo.

19. (a) June 9-41 (b) Hallie Schlicht
(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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature: S. Schlicht, M.D. (M. D. or other) _____
Address: Manqua, Mo. Date signed: 2-5-41

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WITH FAMILY USE INFRADING BLACK INK—MAKE A PERMANENT RECORD

I 10811

RECEIVED

District Health Officer No. 6;

District File Number 841-1388

Date Filed AUG 13 1941

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 Dr. L. L. Linn

Licensed Embalmer No. 3/312

P. O. Address Marshfield, 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.