

FRI OCT 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32817

Registration District No. 877

Primary Registration District No. 6165

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural Bacon Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community about 69 yrs.
years, months or days

3. (a) PRINT FULL NAME Joseph Zebulon Dunn

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 Married
6. (b) Name of husband or wife Alta M. Dunn 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Aug 18, 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Essex Co. Va
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Thesley Dunn
13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Emaline V. Collier
15. Birthplace Va
(City, town, or county) (State or foreign country)

16. (a) Informant Alta M. Dunn

(b) Address Schell City Mo.

17. (a) Burial (b) Date thereof Sept 10, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Auto Lewis & Son
(b) Address Schell City Mo.

19. (a) Sept 10-41 (b) Pearle Rappert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 108
(c) City or town Schell City Mo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Schell City Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 15
_____, 1941, to 9-9-41, 1941;
that I last saw him alive on 9-9-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic coma
Bronchopneumonia

Due to Chronic nephritis
and senile emaciation
Due to and chronic arthritis

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

Major findings: _____
Of operations 10
Of autopsy _____

Duration

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? _____

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

23. Signature R. L. Hanson (M. D. or other) MD
Address Appleton City Mo Date signed 9-10-41

2110

Received
at Schell City, Mo

RECEIVED

District Health Officer No. 7,

District No. 10-41-1718

Date Filed 10-3-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Schell City, 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.