

DEC 5 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38557

Registration District No. 476

Primary Registration District No. 5-5-71B

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Reed Mo. ~~W.A.A.~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: V
Reeds Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 34 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 48
(c) City or town Reeds Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Reuben Dunkle

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

4. Sex Male 1) 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Myrtle 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased March 26 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 7 15 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business None

12. Name Will Dunkle
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Dunkle

(b) Address Reeds Mo.

17. (a) Burial (b) Date thereof Nov. 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cave Springs Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Nov. 13 1941 (b) Mrs. Emma Broadaway
(Date received local registrar) (Registrar's signature)

948

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1941 hour 3:45 minute P.M.

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

Immediate cause of death
Hypertensive heart failure

Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

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) (b) Means of injury 3
P.A. Webster

23. Signature _____ (M. D. or other)
Address Carthage Mo. Date signed Nov 13

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

1900

MOTHER FATHER

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..... *John D. Batchelder*.....

Licensed Embalmer No..... *4153*.....

P. O. Address..... *Carthage 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.