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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 19 1942

Registration District No. 208

Primary Registration District No. 4172

Registrar's No. 75

35
2
2

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Presnell Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Lilloreum 72
(If outside city or town limits, write "RURAL") 2

(d) Street No. _____
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Imogene Dunning

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race wh

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 6, 1937
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>4</u>	<u>6</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Guy Dunning

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sadie Orr

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Guy Dunning

(b) Address Lilloreum, Mo

17. (a) burial (b) Date thereof 1-9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mounds Park

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

(b) Address Malden, Mo

19. (a) 1-31-42 (b) John A. Oakuski
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8th
year 1942 hour 10 minute 25 A. M.

21. I hereby certify that I attended the deceased from 11-26-41 19____ to 1-8-42 19____
that I last saw her alive on 1-8-42 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Septic meningitis following
osteitis media

Due to _____

Due to _____

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

Major findings: _____

Of operations 8/10

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)

(a) Means of injury ∇

23. Signature J.P. Presnell (M. D. or other) M.D.

Address Kennett, Mo Date signed 1-10-42

RECEIVED

District Health Office - No. 2,

District File Number 242-267

Date Filed 2-13-42

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.....

not embalmed..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.