

No. 2
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17-39
X29159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5834

State File No.

FILED MAR 18 1942
Registration District No.

Primary Registration District No. 5108

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Zalma, Missouri
(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 10 months
In this community 10 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11th
year 1942 hour 4:00 minute 40 A.M.
21. I hereby certify that I attended the deceased from January 19
1942 to Feb. 11, 1942
that I last saw him alive on Feb 9, 1942
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Doctor Burl Dunn

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Oct 4 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>7</u>	hr. min.

9. Birthplace Cross Roads Mo!
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Burl Dunn

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

14. Maiden name Elizabeth J. ...

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

16. (a) Informant Lily Fox
(b) Address Paris, Mo.

17. (a) Burial (b) Date thereof 2-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Roads, Mo.

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

(b) Address Lathamille, Mo. J.E. Graham

19. (a) 2/12/42 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations ✓

Of autopsy ✓

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? _____
(Specify type of place) _____ (e) Means of injury ✓

23. Signature Dr. P.C. Smith (M. D. or other) Dr.

Address Zalma, Mo. Date signed 2/12/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 342-321
Date Filed 3-12-42

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.....

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

working under my personal supervision.

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Va.

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.