S. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10380

State File No.

Registration District No. 1044 Primary Registration District No. 3008 Registrar's No. 107

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Most of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway 914
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 819 Bluff
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Dunkelberg
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Edward Dunkelberg
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 5 1864 (Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Callaway Co. Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Martin
13. Birthplace D.K. 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name D.K.
15. Birthplace D.K. 9 (City, town, or county) (State or foreign country)
16. (a) Informant Chas. Dunkelberg
(b) Address 821 Center Fulton Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest
18. (a) Signature of funeral director Glen Y. Mangin
(b) Address 700 Court St. Fulton, Mo.
19. (a) 3-30 1942 (Date received local registrar) (b) Joe Mounstaff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th, year 1942. hour 10 minute 45 M.
21. I hereby certify that I attended the deceased from 2/7/42. 19 to Maech. 28th, 42. 19; that I last saw her alive on March 28th, 1942. 19; and that death occurred on the date and hour stated above.

Immediate cause of death Uremic toxemia,	Duration
Due to Brights disease, albuminuria	
Oedema, etc.	
Due to	
Other conditions Senility. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No autopsy.

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

23. Signature Greene D. McCall (M. D. or other) XXXXX
Address 404 Market St. Fulton Mo. Date signed 3/30/42

1141 (Licensed Embalmer's Statement on Reverse Side)

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 Glen G. Maupin

Licensed Embalmer No. 27125

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10380

Registration District No. 104 Primary Registration District No. 3008 Registrar's No.

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

1. PLACE OF DEATH
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Dunkelberg
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 5 (Day) 1864 (Year)

8. AGE: Years 78 Months 2 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Day 28 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
(a) Bright disease Which is a
Due to form of nephritis and in this
case are one and the same. no way
Due to of knowing just when or how it
originated. She had albuminuria
with blood and casts. when I
Other conditions
(Include pregnancy within 3 months of death)
first saw her. Also marked edema.
Major findings: Terminated in uremia.
Of operations
Of autopsy No autopsy.

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature Greene D. McCall M.D. (Official capacity)
Address Fulton Mo. Date signed 4/30, 1942.

SUPPLEMENTARY

131 L