

FILED APR 17 1942  
Registration District *178*

Primary Registration District No. *6058*

Registrar's No. *16*

1. PLACE OF DEATH:

(a) County *Scotland County*

(b) City or town *not outside limits*

(c) Name of hospital or institution: *ju*

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. *15 years* (Specify whether years, months or days)

3. (a) PRINT FULL NAME *Clarence D Dunn*

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex *Male*

5. Color or race *white*

6. (a) Single, widowed, married, divorced *1*

6. (b) Name of husband or wife *Amelia Dunn*

6. (c) Age of husband or wife if alive *79* years

7. Birth date of deceased *Feb 6 1867* (Month) (Day) (Year)

8. AGE: Years *75* Months *29* Days *29* If less than one day hr. min.

9. Birthplace *Scotland County Mo (1)* (City, town, or county) (State or foreign country)

10. Usual occupation *Farmer*

11. Industry or business

MOTHER FATHER { 12. Name *Jerry Dunn*

13. Birthplace *Ohio 1* (City, town, or county) (State or foreign country)

14. Maiden name *Clara Hubbard*

15. Birthplace *Missouri 1* (City, town, county) (State or foreign country)

16. (a) Informant *Clarence Dunn*

(b) Address *Greenburg Mo*

17. (a) *Buried* (b) Date thereof *3-6-42* (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Phasant Ridge of*

18. (a) Signature of funeral director *W. J. Taylor & Son*

(b) Address *Memphis*

19. (a) *March 17-1 1942* (b) *Bernice Wilson* (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Scotland 9/1*

(c) City or town *Memphis - Rural - 0* (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? *NO* (Yes or No)

If (yes, name country)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *March* day *5* year *1942* hour minute M.

21. I hereby certify that I attended the deceased from *Sept 11* 19*41* to *March 5* 19*42* that I last saw him alive on *March 3* 19*42* and that death occurred on the date and hour stated above.

Immediate cause of death. *Uremia* Duration *2 mos.*

Due to *Uremia* *1 wk.*

Due to *Carcinoma of Prostate* *8 mos*

Other conditions *Chronic Nephritis, arteriosclerosis* (Include pregnancy within 3 months of death)

Major findings: Of operations *51 b*

Of 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?

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

23. Signature *E. E. McPhellan* (M. D. or other) *MD*

Address *Memphis, Mo* Date signed *3-12-42*

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

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1093

RECEIVED

District Health Officer No. 10

District File Number 41, 771

Date Filed APR 15 1942

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, 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.