

FILED JUN 8 1942

State File No. _____

Registration District No. 859

Primary Registration District No. 6128

Registrar's No. 20

1. PLACE OF DEATH:

(a) County X TANEY BRANSON sup
(b) City or town Y
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community X 1 MONTH years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper
(c) City or town Jepson
(If outside city or town limits, write "RURAL")
(d) Street No. 2501 Byers Ave
(If rural, give location)
(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALBERT HERBIEH DUNN

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

4. Sex 0 M 5. Color or race WHITE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 28 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Buffalo W Va (City, town, or county) (State or foreign country)

10. Usual occupation Farmer + Miner

11. Industry or business _____

12. Name Aaron Dunn
13. Birthplace Buffalo W Va (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Della Johnson

(b) Address House Mills Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-42 (Month) (Day) (Year)

(c) Place: burial or cremation Joplin Mo

18. (a) Signature of funeral director Merrieh W. White

(b) Address Branson Mo

19. (a) 5-7-42 (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-5-42 day Tuesday
year _____ hour 3:15 minute 10 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him _____ alive on _____ 19____

and that death occurred on the _____ and hour stated above

Immediate cause of death heart attack Duration _____

Due to _____

Due to _____

Other conditions old age 95
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Heart attack

(b) Date of occurrence 5-5-42

(c) Where did injury occur? Harvey Ferry Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3

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

23. Signature A. P. Bruck (M.D. or other) _____

Address Branson Date signed 5/5/42

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

RECEIVED

District Health Officer No. 6,

District File Number 642-769

Date Filed JUN 5 1942

TRAF

1 MONTH

ALBERT W. JONES

1178E

1880

7 H 18

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

F. M. Jones

Licensed Embalmer No.

2319

P. O. Address

Japhis W.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19254

Registration District No. 859

Primary Registration District No. 6128

Registrar's No.

1. PLACE OF DEATH:

(a) County Janey
(b) City or town Russell
(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
In this community..... years, months or days)

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 Albert H. Slunn

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, w

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

7. Birth date of deceased Dec 28 1906
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 14 (If less than one day min.)

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

10. Usual occupation.....

11. Industry of 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)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 5/7/42 (b) Mary Muller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day..... year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....; that I last saw him/her alive on..... 19.....; and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

Due to.....

Due to.....

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

Major findings: Of operations.....

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..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

