

FILED OCT 30 1942  
Registration District No. 187

Primary Registration District No. 3040

59  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chillicothe  
(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 \_\_\_\_\_  
In this community 2 yrs, 3 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Livingston  
(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1115 Clay  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JANET B. DUNFEE

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 married  
6. (b) Name of husband or wife John S. Dunfee  
6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased April 7, 1897  
(Month) (Day) (Year)

8. AGE: Years 45 Months 5 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife & School Teacher

11. Industry or business \_\_\_\_\_

12. Name John Russell

13. Birthplace York Ontario Canada  
(City, town, or county) (State or foreign country)

14. Maiden name of Mrs. Gibson

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

16. (a) Informant John S. Dunfee  
(b) Address Chillicothe Mo.

17. (a) Burial (b) Date thereof 9-8-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City, Mo.  
(a) Signature of funeral director John S. Dunfee  
(b) Address Grant City, Mo.  
19. (a) SOPE 9-1942 (b) Leo / Ella Curry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9  
year 1942 hour 3 minute 30 P.

21. I hereby certify that I attended the deceased from Aug 1  
\_\_\_\_\_ 1942 to Sept 9 1942  
that I last saw her alive on Sept 8 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Intoxication involving all the alcohol intake  
Due to Careless use of both  
alcohol. Removal of breath  
Due to in 1930

Duration 3 yrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 50  
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) (a) Means of injury \_\_\_\_\_  
23. Signature Dr. J. Russell (M.D. or other) \_\_\_\_\_  
Address Chillicothe Mo. Date signed 9/11/42

**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..... *Arch C. Dimplee* .....

Licensed Embalmer No. *32512* .....

P. O. Address *Grant city, 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.**