V. S. No. 2
OM—5-42
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 11 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34594

State File No.

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 184

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 323 So. 5th 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community About 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton 21 1

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

(d) Street No. 8 mi - North Salisbury
(If rural, give location)

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

If yes, name country ✓ 1

3. (a) PRINT FULL NAME Ida Addie Dunn

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 widowed 2

6. (b) Name of husband or wife Perry Lee Dunn

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

7. Birth date of deceased Dec (Month) 15 (Day) 1856 (Year)

8. AGE: Years 85 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Chariton County (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

FATHER
12. Name Albert G. Houston
13. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Sarah B. Stewart
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs. W. C. Stigel
(b) Address 323 So. 5th Moberly, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Richardson Cemetary

18. (a) Signature of funeral director [illegible]
(b) Address Salisbury Missouri

19. (a) 10-22-42 (Date received local registrar) (b) Irma Nave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1942 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct. 17th, 1942 to Oct 21, 1942 that I last saw her alive on Oct 20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Donat Kuno

Due to —

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

Major findings: —
Of operations

Of autopsy no

Duration 5 days

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) no

(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 W. K. Meque (M. D. or other)

Address Moberly Mo Date signed 10/22/42

1036 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-42-1983
Date Filed NOV 8 1983

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 [illegible]

Licensed Embalmer No. 398-1

P. O. Address [illegible], 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.