V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1942

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 37078

Registrar's No. 833

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1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1896 Weaver Str
(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: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 896 Weaver Str.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): No
If yes, name country:

3. (a) PRINT FULL NAME: Tom Dunn
3. (b) If veteran, name war: Unknown
3. (c) Social Security No.: 702-07-9780
4. Sex: Male 2
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: 2 Widower
6. (b) Name of husband or wife: Minnie Dunn
6. (c) Age of husband or wife if alive: Dec years
7. Birth date of deceased: December (Month) 9 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
55	11	10	hr. min.

9. Birthplace: Unknown (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation: None
11. Industry or business: ✓
MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant: Willie Deeds
(b) Address: 896 Weaver
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Nov. 23 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Pocahontas, Ark.
18. (a) Signature of funeral director: W. P. Campbell
(b) Address: 867 Washington
19. (a) 11-23-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 19 year: 1942 hour: 11 am minute: M.
21. I hereby certify that I attended the deceased from 11/15 1942 to 11/19 1942 that I last saw h alive on 11/15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute coronary block	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): 9	
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: C. E. Feller (M.D. or other)
Address: Springfield, Mo. Date signed: 11/20/42

(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 N. P. Campbell, Registered Apprentice No. ....., working under my personal supervision.

Signed N. P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield 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.