

FILE MAR 10 1943

Registration District No. 139

Primary Registration District No. 4221

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Holt.
(b) City or town Mound City
(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

3. (a) PRINT FULL NAME Henry Dunigan.

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. Married

6. (b) Name of husband or wife Sarah A. Dunigan. 6. (c) Age of husband or wife if alive. 82. years

7. Birth date of deceased May 9 1856. (Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation Farmer.

11. Industry or business 12. Name Harrison Dunigan.

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

14. Maiden name Unknown. 15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Earl Dunigan

(b) Address Mound City, Mo.

17. (a) Burial (b) Date thereof 3-2-43. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery.

18. (a) Signature of funeral director Pauline Rawson
(b) Address Mound City, Mo.
19. (a) 3-2-43 (b) Pauline Rawson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt.
(c) City or town Mound City. (If outside city or town limits, write "RURAL")
(d) Street No. 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 Feby. day 27 year 1943. hour 5 minute P.M.

21. I hereby certify that I attended the deceased from Feb 24 1943, to Feb 27 1943 that I last saw him alive on Feb 26 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Occlusion

Due to 940

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 D. Perry (M.D. or other) M.D. Address Mound City, Mo. Date signed 3-1-43

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

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

H. L. Crawford

Licensed Embalmer No.

1824

P. O. Address

Manassas, Va

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.