

FILED MAY 12 1943
43
Registration District No.

Primary Registration District No. 5139

Registrar's No. 118

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural - Coon Island
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8 mi. E. of Neelyville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 yrs
(Specify whether years, months or days)

In this community 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. County Butler

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

(d) Street No. 8 mi. E. of Neelyville
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Christifer Columbus Dunn

3. (b) If veteran, name war: _____

3. (c) Social Security No. 4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 10
year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 6
1943 to April 10, 1943
that I last saw h. in alive on April 10, 1943
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or Race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edna Bulah Dunn

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Dec-18th 1875
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia

Due to 108

Due to Security

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

Major findings:
Of operations: _____

Of autopsy: _____

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>3</u>	<u>22</u>hr.min.

9. Birthplace Kentucky - 1
(City, town, or county) (State or foreign country)

10. Usual occupation limbman

11. Industry or business _____

MOTHER FATHER { 12. Name Christifer Columbus Dunn

{ 13. Birthplace Ky - 1
(City, town, or county) (State or foreign country)

{ 14. Maiden name Emma Casey

{ 15. Birthplace unknown - 9
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Kerby

(b) Address Neelyville, Star, R.R.

17. (a) burial (b) Date thereof 4-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coon Island

18. (a) Signature of funeral director Minnie Bush

(b) Address Taylor, Mo

19. (a) 4-29-43 (b) Belle Anne
(Date received local registrar) (Registrar's signature)

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 J F Far (M. D. or other)
Address Neelyville Mo Date signed Apr 11

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 543-648

Date Filed 5-11-48

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 Bryan Mc Cord

Licensed Embalmer No. 4079

P. O. Address Taylor, 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.