

3.2
5.42
17.39
X32873

JUL 10 1943

Registration District No. 270

Primary Registration District No. 5910

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

1. PLACE OF DEATH:

(a) County Remiscot
(b) City or town Tyler Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Remiscot Fair
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Remiscot
(c) City or town Tyler Rural 78
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME TRUMAN NELSON DUNAWAY

3. (b) If veteran, name war No 3. (c) Social Security No. 0

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva M Dunaway 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased October 17 1897
(Month) (Day) (Year)

8. AGE: Years 45 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Jacksonville La
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Hand

11. Industry or business

MOTHER FATHER
{ 12. Name Grant Dunaway
{ 13. Birthplace Alabama
(City, town, or county) (State or foreign country)
{ 14. Maiden name Mary Ann
{ 15. Birthplace Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Eva M Dunaway

(b) Address Tyler, Mo

17. (a) Burial (b) Date thereof 5-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Johns Cemetery

18. (a) Signature of funeral director J. B. German

(b) Address State St Mo Bldg 120

19. (a) 6-5-1943 (b) Jessie H. Markey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1943 hour 11 minute 56 P. M.

21. I hereby certify that I attended the deceased from May 1, 1943, to May 11, 1943;
that I last saw him alive on May 14, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 P. E. Casper (M. D. or other) M.D.
Address Casper, Ill. Date signed 5-29-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

722-34-9