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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

Registration District No. 76

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5302

State File No. 31485

Registrar's No. 25

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

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: "Rural" "Clark Township"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RR #2 Henley Mo 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole
(c) City or town: Rural Clark Township
(If outside city or town limits, write "RURAL")
(d) Street No.: RR #2 Henley Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: JOSEPH CLARENCE DUNNAVANT
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: Eva Fay Potts Dunnavant
6. (c) Age of ~~husband~~ or wife if alive: 45 years
7. Birth date of deceased: April (Month) 25 (Day) 1896 (Year)

8. AGE: Years 47 | Months 4 | Days 27 | If less than one day ✓ hr. ✓ min.

9. Birthplace: Jefferson City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Bill Poster (retired)
11. Industry or business:
FATHER 12. Name: James L Dunnavant
13. Birthplace: Boonville (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Emily Potts
15. Birthplace: Cooper County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Joseph Dunnavant
(b) Address: RR #2 Henley.
17. (a) Burial (Burial, cremation, removal) (b) Date thereof: 9/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation: St Peters Cemetery
18. (a) Signature of funeral director: Sylvester Dickle.
(b) Address: Jefferson City, Mo.
19. (a) 10-4-43 (Date received by local registrar) (b) Millie C. Berendzen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 22 Year 1943 hour 4 minute 30 a. M.

21. I hereby certify that I attended the deceased from May 4 1943 to Sept. 22, 1943; that I last saw him alive on Sept. 21, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Pyothorax	7 years
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: ✓	
Of autopsy: None	

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? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? ✓ (e) Means of injury: ✓

23. Signature: Geo. H. Shirley M.D. (M. D. or other)
Address: Eugene, Mo. Date signed: 9/25/43

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(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Sylvester Quill

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.