

No. 2
2-43
-17-39
X355

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

FILED SEP 17 1943

Registration District No. **217**

Primary Registration District No. **3045**

1. PLACE OF DEATH:

(a) County MISSISSIPPI

(b) City or town CHARLESTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 52 YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI

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

(d) Street No. 128A COMMERCIAL
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES HENRY DUNN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 15th
year 1943 hour _____ minute _____ M.

4. Sex M 5. Color or Race W

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

6. (b) Name of husband or wife DEC'D

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

7. Birth date of deceased AUGUST 21 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 16th 1943 to Aug 15th 1943
that I last saw him alive on Aug 13th 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

64 11 24 _____ hr. _____ min.

Immediate cause of death Carcinoma of Liver

Duration _____

9. Birthplace DAVIS COUNTY KY
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 468

10. Usual occupation RETIRED RAILROAD MAN

11. Industry or business Railroad

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name HENRY CRITTENDAN DUNN

13. Birthplace DAVIS COUNTY KY
(City, town, or county) (State or foreign country)

14. Maiden name SUSIE HILL

15. Birthplace DEKALB COUNTY KY
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant RICHARD DUNN

(b) Address CHARLESTON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-17-43
(Month) (Day) (Year)

(c) Place: burial or cremation BANK GROVE

18. (a) Signature of funeral director Wm F. [Signature]

(b) Address Charleston Mo

19. (a) 7/3/43 (b) Mrs. [Signature]
(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 Frank [Signature] (M. D. or other)
Address Charleston Mo Date signed 8-18-43

1257

RECEIVED

District Health Office No. 2,

District File Number 943-1118

Date Filed 4-13-43

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

John F. Munnick Jr.

Licensed Embalmer No. 3857

P. O. Address

Charleston, W. 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.