S. No. 2
M—9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41531

Registration District No. 32 Primary Registration District No. 4043 Registrar's No. 37

1. PLACE OF DEATH:

(a) County Bollinger

(b) City or town Marble Hill ~~Lorance~~ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At home of daughter. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 15 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Elizabeth Dunn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 15 (Day) 1861 (Year)

8. AGE: Years 82 Months 4 Days 27 If less than one day hr. min.

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

10. Usual occupation Hwf.

11. Industry or business

FATHER
12. Name Henry West
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Martha Moore
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. H.R. James

(b) Address Marble Hill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Bell Cemetery

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo. T.E. Graham

19. (a) Dec. 21, 1943 (Date received local registrar) (b) Mrs. Geneva Graham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13th year 1943 hour 7:00 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec 1 1943 to Dec 13th 1943 that I last saw her alive on Dec 13th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Influenza

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. D. Sumpter (M. D. or [illegible])

Address Ste Genevieve Mo Date signed 12/27/43

1063

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 4
District File Number 44-3149
Date Filed 1-6-44

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.