

Registration District No. 38 Primary Registration District No. 4090

1. PLACE OF DEATH:
(a) County Carter
(b) City or town Hunter
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 1 year years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Carter
(c) City or town Hunter
(If outside city or town limit: write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Jessie William Dunning
(b) If veteran _____ name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 28
year 1943 hour 5 minute _____ P.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, 2 divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased may 23 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1, 1943, to Dec 28, 1943
that I last saw him alive on Dec 28, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 7 5 _____ hr. _____ min.
9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

Immediate cause of death myocardial failure
Due to Pulmonary tuberculosis and gastric carcinoma
Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation farmer
11. Industry or business _____
12. Name Dock Dunning
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Major findings: H&E
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Jesse Keith
(b) Address Hunter mo.
17. (a) Burial (b) Date thereof Dec 30 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hunter
18. (a) Signature of funeral director Seaton Peritt
(b) Address Van Buren mo.
19. (a) Dec 29 1943 (b) ma A J Smith
(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)
(a) Means of injury _____
23. Signature Frank P. Reinhardt (M. D. or other) Dr.
Address Van Buren mo Date signed 12-29-43

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

18000

RECEIVED

District Health Officer No. 5.

District File Number

14435

Date Filed

1-11-44

FEB 19 1944

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed Seaton Peiritt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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, above space should be left blank.