

S. No. 2
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6671
Registrar's No. 51

FILED MAR 8 1944

Registration District No. _____ Primary Registration District No. 5135

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Quelan, Mo. 2nd Dist
(c) Name of hospital or institution: RT # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 weeks years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler
(c) City or town Rural # 1 - Feick, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JESS DUNEHOO
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 12 year 1944 hour 6 minute 30 M.
21. I hereby certify that I attended the deceased from Feb 8 1944 to Feb 12 1944
that I last saw him alive on Feb 8 1944 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife: Ollie Dunahoo alive _____ years
7. Birth date of deceased: Sept 10, 1886 (Month) (Day) (Year)

Immediate cause of death: Pulmonary Tuberculosis
Duration _____

8. AGE: Years 37 Months 5 Days 2 If less than one day _____ hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations: _____
Of autopsy: _____

9. Birthplace Norris City, Ill (City, town, or county) (State or foreign country)
10. Usual occupation Farming

PHYSICIAN
Underline the cause to which death should be charged statistically.
1381

MOTHER FATHER

11. Industry or business _____
12. Name Ben Dunahoo
13. Birthplace Norris City, Illinois (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Clyde Dunahoo
(b) Address 1 Feick Mo # 1
17. (a) 12 (b) Date thereof 2-14-44 (Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Veil Cemetery
18. (a) Signature of funeral director Howard Russell
(b) Address Burgate, Ark
19. (a) 2-16-44 (b) Belle Renne (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature Scott Coolt (M. D. brother)
Address Quelan, Mo Date signed 2/13/44

RECEIVED

District Office No. 2,

District File Number 344-375

Date Filed 3-3-44

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.....

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.