

S. No. 2
M-2-43
5-17-39
PI X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7342

State File No. _____

FILED MAR 17 1944
Registration District No. _____

Primary Registration District No. 5563

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Iron

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

(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 life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Chloride
(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 Isaac Dunn

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 4
year 1944 hour 2 minute 40 P. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Jane Dunn

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

7. Birth date of deceased February 6 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 18 1944 to Feb. 4 1944
that I last saw him alive on Jan 18 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 11 Days 26
If less than one day _____ hr. _____ min.

Immediate cause of death Influenza Duration _____

Due to _____

Due to _____

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

9. Birthplace Glover Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

Major findings: Of operations _____

Of autopsy _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name Elihue Dunn

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Laura Smith
(City, town, or county) (State or foreign country)

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Oran Dunn

(b) Address Chloride Mo.

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof 2-4-44
(Month) (Day) (Year)

(c) Place: burial or cremation Chloride Mo.

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? _____

18. (a) Signature of funeral director Norman White & Sons

(b) Address Local White Ironton Mo.

19. (a) 2-10-44 (Date received local registrar)

(b) Mrs. Francis C. Howard (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature E. W. Substated (M. D. or other) M.D.

Address Petersville Mo Date signed 2/4/44

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

1365

RECEIVED

District Health Officer No. 4
District File Number 344-3459
Date Filed 3-6-44

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 Ruel J. White
Licensed Embalmer No. 3012
P. O. Address Imperial Ave

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.