

FILED MAY 2 1944
Registration District No. 5183-5189

Primary Registration District No. 5183-5189

1. PLACE OF DEATH:

(a) County: Cape Girardeau County
(b) City or town: Rural - near Advance Mo.
(c) Name of hospital or institution: 3 Welch Sup
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____
In this community: one day - died on train (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lake
(c) City or town: Leptonville Tenn RFD
(If outside city or town limits, write "RURAL")
(d) Street No.: (Rural) (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 2

3. (a) PRINT FULL NAME: Marshal Leonard Dunning

3. (b) If veteran, name war: World War No I 3. (c) Social Security No.: No.

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Glady's Laine Dunning 6. (c) Age of husband or wife if alive: 43 years
7. Birth date of deceased: Dec 14 - 1891 (Month) (Day) (Year)

8. AGE: Years: 53 Months: 3 Days: 14 If less than one day: _____ hr. _____ min.

9. Birthplace: Lake Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer & Merchant

11. Industry or business: _____

12. Name: Marshall Jeff Dunning

13. Birthplace: Groves County Mo (City, town, or county) (State or foreign country)

14. Maiden name: Missouri Sewell

15. Birthplace: Cape Girardeau Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Pearl Hall - (Sister)

(b) Address: Leptonville Tenn RFD 1

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof: Mar 23 - 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: City Cemetery, Leptonville

18. (a) Signature of funeral director: Curry & Co. Inc. (Specify type of place)
(b) Address: Leptonville, Tenn. (c) Means of injury: _____

19. (a) April 15 44 (Date received local registrar) (b) J. G. Keeney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 21 year: 1944 hour: 6 minute: 30 P. M.

21. I hereby certify that I attended the deceased from: Coroner Case
_____ 19____, to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Due to: Chronic Myocarditis

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? _____

23. Signature: Dr. J. F. Leonard (M. D. or other)
Address: Jackson Mo Date signed: 3/25/44

1138 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

District Health Officer No. ⁴.....
District File Number ⁵⁴⁴⁻³⁷⁶.....
Date Filed ⁵⁻⁸⁻⁴⁴.....

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.....

Lloyd S Morgan....., Registered Apprentice No.....
working under my personal supervision.

Signed *Lloyd S Morgan*.....
Licensed Embalmer No. ³³⁶¹.....
P. O. Address *Admiral*.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 140

Registration District No. 54 Primary Registration District No. 5183

1. PLACE OF DEATH:
(a) County Cape Girardeau Co.
(b) City or town Rural near Advance
(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: 1 day in hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME Marshall J. Dunning
3. (b) If veteran, name war W.W.#I 3. (c) Social Security No. —

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Blady 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased: Dec 14 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days — If less than one day min.

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

10. Usual occupation Farmer & merchant

11. Industry or business

12. Name Marshall J. Dunning

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

14. Maiden name Missouri Indult
mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Pearl Hall
(b) Address Leptonville Tenn

17. (a) (b) Date thereof 3-23-44
(Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery, Tenn

18. (a) Signature of funeral director C. H. Mack
(b) Address Leptonville Tenn
19. (a) April 5 44 (Date received local registrar) A. H. Mack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Tenn (b) County Leake
(c) City or town Leptonville Tenn R.F.D.
(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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar Day 16 Year 1944 Hour 20 minute 30 M.
21. I hereby certify that I attended the deceased from — to — that I last saw him/her alive on — and that death occurred on the date and hour stated above. Immediate cause of death Coronary thrombosis

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

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 Dr. J. J. Leonard (M. D. or other) Coroner
Address Johnson, Mo. Date signed

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

SUPPLEMENTAL

14343

NOV 2 1954

M. A. H. ...
Henderson ...
1954