

FILED OCT 9 1944
Registration District No. 32

Primary Registration District No. 5112

Registrar's No. 40

1. PLACE OF DEATH

(a) County Bollinger

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Lips
years, months or days

3. (a) PRINT FULL NAME SAMUEL MADISON DULANEY

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Bertha Dulaney 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Sept 29, 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation School Teacher

11. Industry or business _____

12. Name Will R. Ganey

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

14. Maiden name Catherine (Crites)

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

16. (a) Informant Bertha Dulaney

(b) Address Lutesville, Mo.

17. (a) Burial (b) Date thereof Aug 29, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Dry Creek Cem. near Lutesville, Mo.

18. (a) Signature of funeral director Edges Morgan

(b) Address Aswanee, Mo.

19. (a) Oct 8, 1944 (b) Mrs. Genevieve
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28
year 1944 hour 5 minute 10A. M.

21. I hereby certify that I attended the deceased from 1/3/43
....., 19..... to 8/27/44, 19.....;

that I last saw him alive on 8/27/44, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia.

Due to Myasthenia gravis

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 2

23. Signature Dr. John J. Myers (M. D. or other) _____

Address Futesville Date signed 9/12/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

156 P

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

900

RECEIVED

District Health Officer No. 4

District File Number 1044-4376

Date filed 10-6-44

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

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

Signed *Floyd S. Morgan*

Licensed Embalmer No. 3361

P. O. Address *Advance 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.