

FILED OCT 10 1944

State File No. _____

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren
(c) City or town Dutzow 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 FRANK HERMAN DUNKMANN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Kathrine J. Dunkmann 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased: Oct. 8 1860
(Month) (Day) (Year)

8: AGE: Years 83 Months 10 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Henry Dunkmann
13. Birthplace not known
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Struabbe
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Kathrine J. Dunkmann

(b) Address Dutzow Mo.

17. (a) Burial (b) Date thereof Sept 3 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dutzow Mo.

18. (a) Signature of funeral director Gold Whightmeyer

(b) Address Marthasville Mo.

19. (a) 9/2/44 (b) Luella R. Brooks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1944 hour _____ minute 2 A.M.

21. I hereby certify that I attended the deceased from July 10 1930, to Sept 1 1944; that I last saw him alive on Sept 1 1944; and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial coronary thrombosis
Due to coronary artery disease
Due to General arteriosclerosis

Duration

1 day

6 mo

10 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

(Specify type of place) While at work? _____ (c) Means of injury _____
23. Signature Herbert H. Schmidt (M. D. or other) MD
Address: Marthasville, Mo. Date signed 9-2-44

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

DEC 6 1946

RECEIVED

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 10-9-44

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 Fred W. Lichtenberg

Licensed Embalmer No. 1321

P.O. Address Merthasville K10

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.