

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30990

State File No.

FILED OCT 6 1944  
Registration District No.

Primary Registration District No. 4218

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Windsor  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
329 N. Main  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Roy Dunkin

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Gertrude Dunkin 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased June 26 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 2 5 hr. min.

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

10. Usual occupation Filling Station (Oil and Gas)

11. Industry or business

MOTHER FATHER { 12. Name 9  
13. Birthplace Elizabeth Hilt Pennsylvania  
(City, town, or county) (State or foreign country)  
15. Birthplace 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert R. Dunkin  
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof Sept. 2, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. September 14, 1944 Georgia Ritchie  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Windsor  
(If outside city or town limits, write "RURAL")  
(d) Street No. 329 N. Main  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31  
year 1944 hour 8 o'clock minute 5 P.M.

21. I hereby certify that I attended the deceased from Aug 15  
44 to August 31 44  
that I last saw him alive on August 31 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration

Due to

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:

(c) 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? (e) Means of injury

23. Signature Dr. W. W. W. (M. D. or D.O.)

Address Windsor, Mo Date signed Sept. 4

DEC 28 1940

RECEIVED  
District Health Officer No. 7,  
Disc. number 9-44-1120  
Date filed 10-5-44

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 Philip M. Langlin  
Licensed Embalmer No. 3728  
P. O. Address Andover, 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.