

S. No. 2
OM-8-43
v. 5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35002

State File No.

FILED NOV 8 1944

Registration District No. 217

Primary Registration District No. 3052

Registrar's No. 338

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
117 E. BROADWAY
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution. 44 YEARS (Specify whether
In this community 44 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 117 E. BROADWAY
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME VIRGINIA DUNKIN

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if

7. Birth date of deceased. 5 - 28 - 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 4 12 hr. min.

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

10. Usual occupation DOCTOR

11. Industry or business OSTEOPATHY

12. Name JOSEPH DUNKIN

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

14. Maiden name ELIZABETH HILT

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

16. (a) Informant MRS WILLARD DUNKIN

(b) Address SEDALIA, Mo.

17. (a) BURIAL (b) Date thereof 10-12-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL CEMETERY

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA

19. (a) 10/12/44 (b) Mrs Anna Buyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 10TH
year 1944 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from June 1, 1944 to Oct. 10, 1944
that I last saw her alive on Oct 10, 1944
and that death occurred on the date and hour stated above:

Immediate cause of death Coronary thrombosis
Due to De compensated heart 10 Mo

Due to Probable thrombosis in left ventricle 10 Mo.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 950
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?

While at work? (Specify type of place) (c) Means of injury
23. Signature Edwin H. Schultz M.D. or other DO.
Address 1202 S. Farm Date signed Oct 12, 44

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

1122

RECEIVED

Health Officer No. 8.

File Number

Filed 11-7-45

AUG 10 1945

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 L. E. Boulton

Licensed Embalmer No. 3867

P. O. Address Sealton 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.