

No. 2
5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38631

State File No. _____
Registrar's No. 1498

FILED DEC 14 1944

Registration District No. 502 Primary Registration District No. 6041

1. PLACE OF DEATH:
(a) County... Ripley
(b) City or town... Naylor Thomas J
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Troy Morton Dunning
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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Nov. 23 1944
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
		1	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Morton Dunning

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

14. Maiden name Loretta Raper (City, town, or county) (State or foreign country)

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

16. (a) Informant Clara Raper

(b) Address Naylor Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Antioch

18. (a) Signature of funeral director Minnie Gsh

(b) Address Naylor, Mo.

19. (a) Dec 1 - 44 (Date received local registrar) (b) Bertha White (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ripley 91
(c) City or town Naylor, Mo. (If outside city or town limits, write "RURAL") 8
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1944 hour 11 p minute _____ M.
21. I hereby certify that I attended the deceased from
Nov 27 1944 to Nov 24 1944
that I last saw him alive on Nov 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage
Due to subar large volume
Due to also instrumented disease
Other conditions unusual large kidneys
(Include pregnancy within 3 months of death)
& liver 1600

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations: _____
Of autopsy: no, infaminy
rupt

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? _____ Means of injury _____
23. Signature H. E. White (M. D. or _____)
Address Naylor Mo. Date signed 12/25/44

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

RECEIVED
No. 5,
Index No. number 1244611
Date Filed 12-12-44

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 Bryan McCord
Licensed Embalmer No. 479
P. O. Address Waverly, 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.