

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

FILED JAN 26 1945
Registration District No. 77

Primary Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
911 Jackson Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

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

(d) Street No. 911 Jackson Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Homer Dunavant

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-09-5638

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virginia Dunavant

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased September 6 1899
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>3</u>	<u>13</u>	_____hr. _____min.

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

10. Usual occupation Police Officer

11. Industry or business " "

MOTHER FATHER { 12. Name Thomas Dunavant

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

14. Maiden name Annie E. Gilmore

15. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Dunavant

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Dec-2-1-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bever View Cemetery

18. (a) Signature of funeral director Robert Gordon

(b) Address Jefferson City, Missouri

19. (a) 12-20-44 (b) Martha Fischer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 1944 day 9th year 1944 hour 6 minute 2 M.

21. I hereby certify that I attended the deceased from 1944 to 1944 that I last saw him alive on Dec 19 and that death occurred on the date and hour stated above.

Immediate cause of death Baron's Disease

Due to _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. G. Brunel (M. D. or other) MD

Address Jefferson City, Mo Date signed 12/20/44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-5-45

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

Joseph J. Dulle

Licensed Embalmer No.

3890

P. O. Address

Jeff City 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.