

V. S. No. 2
M—11-10-39
Re 5-17-39
21492

41009

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 28 1944

Registration District No. 87

Primary Registration District No. 53.2-4-4100

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Crawford
 (b) City or town Bourbon, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether)
 In this community 2 Years.
years, months or days

3. (a) PRINT FULL NAME Eless Angus Dunkle

3. (b) If veteran, name war No. 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased April 30, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>2</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation Painter

11. Industry or business Barber.

MOTHER FATHER

12. Name Romulus Dunkle

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

14. Maiden name Susan Story

15. Birthplace VA Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Dotter

(b) Address Sullivan, Missouri.

17. (a) Burial (b) Date thereof June 29, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Cemetery

18. (a) Signature of funeral director W. H. Dwyer
 (b) Address Sullivan, Missouri

19. (a) 7-19-44 (b) W. H. Dwyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
 (c) City or town Bourbon, Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 10 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
 year 1943 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from June 1, 1943, to Sept, 1943
 that I last saw him alive on June 27, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertension

Due to _____

Other conditions None known
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation

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? _____ (e) Means of injury _____

23. Signature E. H. Hume (M. D. or other?)
 Address Bourbon Mo. Date signed 6-27-44

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..... *Edgar W. Laffrow*

Licensed Embalmer No. *23394*

P. O. Address *Sullivan, 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, above space should be left blank.