

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 16 1945

Registration District No. 257

Primary Registration District No. 3028

Registrar's No. 271

1. PLACE OF DEATH:

(a) County Jasper County  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McCune Brooks  
(If not in hospital or institution, write street number or location) D  
(d) Length of stay: in hospital or institution. 45 min. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Boone 979  
(c) City or town Albion  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7 1/2 miles N.E.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Homer Loyd Dunagan

3. (b) If veteran, name war none 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife ANNA DUNAGAN 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Aug 5 1899  
(Month) (Day) (Year)

8. AGE: Years 45 Months 4 Days 10 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Farm

11. Industry or business Farmer

12. Name H. J. Dunagan

13. Birthplace don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Isolo Gaines

15. Birthplace don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Dunagan  
(b) Address Lamar, Mo.

17. (a) removal (b) Date thereof 12/15/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lamar, Mo.

18. (a) Signature of funeral director Gibson Funeral Home  
(b) Address Lamar, Mo.

19. (a) Dec 17 '44 (b) Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15  
year 1944 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 19 1944 to Dec 15 1944  
that I last saw him alive on Dec 15 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction Duration 4  
Due to accident on Hi way 71  
Due to Spinal Fracture  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: internal injuries PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Crowder 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) Accident  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State) USA  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Hi way  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury Crowder  
23. Signature Wm. H. Couplin M.D. or other \_\_\_\_\_  
Address 2114 E. 1st Date signed 12/15/44

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

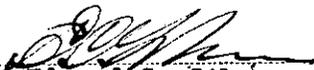
4-1-33

1213

44-12-1091

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 .....  
Edward C. Gibson  
Licensed Embalmer No. 4137  
P. O. Address 1201 Bdwy. Lamar, 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.