

S. No. 2  
M-2-43  
5-17-39  
X35897

17 3130

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED FEB 9 1945

Registrar's No. 6

Registration District No. 290

Primary Registration District No. 4431

13  
5-0-0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Dixon  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Martha Ann Dunn

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8 year 1945 hour 2 minute 45 P.M.

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

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

7. Birth date of deceased 11 30 1846  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 10 1944 to Jan 7 1945 that I last saw her alive on Jan 7 1945 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>98</u>	<u>1</u>	<u>8</u>	_____ hr. _____ min.

Immediate cause of death: Mitral stenosis cerebral hemorrhage  
Due to vascular sclerosis

Duration: unknown 1 day

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

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Housewife

Major findings: Of operations

11. Industry or business \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Kendall

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

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

14. Maiden name Evalina Edenton

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

16. (a) Informant Mrs. V. G. Clayton

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 1/11/1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cemetery Jasper County

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 1-16-1945 (b) John M. Dodd  
(Date received local registrar) (Registrar's signature)

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) (Year) of injury

23. Signature Douley Stabel (M. D. or other) D. O.

Address Dixon, Mo Date signed 1-10-45

1170

**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.....

*1/8-1945*  
.....  
working under my personal supervision.

Registered Apprentice No.....

Signed..... *Fred H. Sellers* .....

Licensed Embalmer No.....2341.....

P. O. Address.....Dixon, Missouri.....

**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.**