S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13002

Registration District No. 47 Primary Registration District No. 3157 Registrar's No. 134

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Arx-vasse Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ Arx vasse
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Callaway 14

(c) City or town Arxvasse Rural 05
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Dewey Dungan

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

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Stella Dungan 6. (c) Age of husband or wife if alive NK years

7. Birth date of deceased May (Month) 5 (Day) 1898 (Year)

8. AGE: Years 46 Months 11 Days 11 If less than one day hr. min.

9. Birthplace Audrain Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Thomas Dungan 0
13. Birthplace Audrain Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Toalson 0
15. Birthplace Arx vasse (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Stella Dungan
(b) Address Arx vasse, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Hughes Maupin
(b) Address Arx Vasse, Mo.

19. (a) Apr 18 1945 (Date received local registrar) (b) Jessie Morsink Leff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th day April year 1945 hour minute M.

21. I hereby certify that I attended the deceased from Deceased was, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Burial lot. Had never been treated by a physician

Due to Death apparently from apoplexy

Due to

Other conditions (Include pregnancy within 3 months of death) No Inquest was

Major findings: Of operations Held

Of autopsy 83 W

Duration

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 M. Gerrell Coroner (M. D. or other)

Address Fulton Mo Date signed 4-16-45

1147

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-9-45

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 Hughes Mauzin

Licensed Embalmer No. 2358

P. O. Address Auxvasse, 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.