

FILED MAY 11 1945
Registration District No. **121**

Primary Registration District No. **4200**

Registrar's No. **51**

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

39
1
1

1. PLACE OF DEATH:

(a) County Greene

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

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

(d) Length of stay: In hospital or institution No (Specify whether years, months or days)

In this community over 40 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Ash Grove, Missouri
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Mary Etta Dunkle

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

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

6. (b) Name of husband or wife James Dunkle 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased February 4th 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>2</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business General House keeping

12. Name Philip Faust

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

14. Maiden name Mary Dunkle

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

16. (a) Informant Miss Mattie Dunkle

(b) Address Ash Grove Missouri

17. (a) Burial (b) Date thereof April 17-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Country

18. (a) Signature of funeral director Gene A. Brind

(b) Address Nashville Grove, Missouri

19. (a) April 16-1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1945 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from August 1, 1944 to April 14, 1945
that I last saw her alive on April 14, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death General Toxemia Duration _____

Due to Intestinal Obstruction 2 wks.

Due to Malignant disease of the descending colon and of the stomach. 1 yr.

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 1 2 2k

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 Gene A. Brind (M.D. or other) 8/0

Address Ash Grove Missouri Date signed 4/16/45

RECEIVED

Greene County Health Office,

County File Number 45-5-47

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 Gene A. Brinn

Licensed Embalmer No. 2664

P. O. Address Wabont, Iowa 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.