S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24217

FILED JUL 26 1945

Registration District No. 126 Primary Registration District No. 2001 Registrar's No. 307

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 301 Sargeant Ave

(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)

In this community 3 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin

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

(d) Street No. 301 Sargeant Ave.

(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Olive Bird Dunkel.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased July 12, 1870 (Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 20 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name Frederick Roach

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

MOTHER 14. Maiden name Sarah Lollar

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

16. (a) Informant Mrs W. D. Bequeme

(b) Address 301 Sargeant Ave. Joplin Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof July 3, 45 (Month) (Day) (Year)

(c) Place: burial or cremation Muscatah Kansas.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin Mo.

19. (a) 7-3-45 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 2, day 1945 year hour 8-00 A.M. minute M.

21. I hereby certify that I attended the deceased from 11-15 1943, to 7-2 1945, that I last saw her alive on 7-2 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature T. R. Kaufman (M. D. or other)

Address Joplin Mo. Date signed 7/3/45

(Licensed Embalmer's Statement on Reverse Side)

45-7-581

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 Perry K. Hirlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.