

FILED OCT 9 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 347

Primary Registration District No. 6168

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Rural Lincoln Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Elsey Mo
(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 Stone 104
(c) City or town Rural
(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 Elsie Dunn

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charley Dunn 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June 12
(Month) (Day) (Year)

8. AGE: Years 52 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name A.M. Crabb
13. Birthplace ? Ind, 1
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Fain
15. Birthplace ? Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Dunn
(b) Address R 1 Cape Fair Mo.

17. (a) Burial (b) Date thereof 9/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Noland Cemetery

18. (a) Signature of funeral director J.F. King
(b) Address Aurora Mo.

19. (a) Mrs. J. Elmer Brossseau
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1945 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from _____, 1945, to Sept. 4, 1945,
that I last saw him alive on August 29, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Pain some of uterine with generalised abdominal distention
Due to _____
Due to _____

Duration 3 years

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) (c) Means of injury _____

23. Signature A.P. Cozette M.D. (M. D. or other) _____
Address Mo., Mo. Date signed 8-30-45

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

4
00

MAY 3, 1950

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 Herman Surridge
Licensed Embalmer No. 3072
P. O. Address Aurora 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.