S. No. 2
DM—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 JAN 8 1946

Registration District No. 72

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5292

State File No. 40923

Registrar's No. 107

1. PLACE OF DEATH:

(a) County: CLAY

(b) City or town: NASHUA MO. (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 ____ (Specify whether years, months or days) In this community: 15 years

24
0
0

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO. (b) County: CLAY 24

(c) City or town: NASHUA 0 (If outside city or town limits, write "RURAL")

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

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

If yes, name country: ____

3. (a) PRINT FULL NAME: ROBERT LEE DUNN

3. (b) If veteran, name war: ____

3. (c) Social Security No.: ____

4. Sex: MALE 0

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED 1

6. (b) Name of husband or wife: ~~PARALEE WRIGHT DUNN~~

6. (c) Age of husband or wife if alive: 83 years

7. Birth date of deceased: ~~MAY~~ (Month) 23 (Day) 1865 (Year)

8. AGE: Years 80 | Months 6 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace: FRANKLIN (City, town, or county) KY. 1 (State or foreign country)

10. Usual occupation: FARMER RETIRED 10 yrs.

11. Industry or business: ____

FATHER
12. Name: WILLIAM BURL DUNN
13. Birthplace: FRANKLIN (City, town, or county) KY. 1 (State or foreign country)

MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: ____ (City, town, or county) ____ (State or foreign country) 9

16. (a) Informant: MRS. DALPH DEAL
(b) Address: CAMDEN POINT, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 12/8/'45 (Month) (Day) (Year)
(c) Place: burial or cremation: PLATTE CITY, MO.

18. (a) Signature of funeral director: McComan Funeral Home
(b) Address: Smithville, Mo.

19. (a) Dec 8 - 1945 (Date received local registrar) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 6, year 1945 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept 10, 1945 to Dec. 6, 1945; that I last saw him alive on Dec. 6, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Degeneration — Senility

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: ____

Of autopsy: ____

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

23. Signature: [illegible] (M. D. or other) D.O.
Address: Gallatin, Mo. Date signed 12-6-45

1411

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 1-2-41

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 S. A. McConnas

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.