

No. 2  
8-43  
17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3256

FILED JAN 25 1946

State File No. \_\_\_\_\_

Registration District No. 201

Primary Registration District No. 1314

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Macon

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

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

(d) Length of stay: In hospital or institution none  
(Specify whether \_\_\_\_\_)

In this community all his life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Macon Mo

(c) City or town Atlanta  
(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 Edgar Dunnington

3. (b) If veteran, name war NO

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3rd  
year 1945 hour 6 minute AM

21. I hereby certify that I attended the deceased from Dec 1  
1945 to Dec 3 1945  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color White

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

6. (b) Name of husband or wife Ella Dunnington 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept 15 1872  
(Month) (Day) (Year)

Immediate cause of death Uremia

Due to Delayed Prostate and cilia

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 1276

8. AGE: Years 73 Months 2 Days 18  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired from farm

11. Industry or business \_\_\_\_\_

12. Name John C. Dunnington

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

14. Maiden name Nancy Kifer

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

16. (a) Informant Ella Dunnington

(b) Address Atlanta Mo

17. (a) Burial (b) Date thereof Dec. 5 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Tabor Cemetery

18. (a) Signature of funeral director Thompson

(b) Address Atlanta Mo

19. (a) Dec 8 45 (b) Mrs. O. Kifer  
(Date received local registrar) (Registrar's signature)

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 G. L. Z. J. J. (M. D. or other) \_\_\_\_\_  
Address Atlanta Mo Date signed 12-6-45

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

100582 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 10  
District File Number 1-46-74  
Date Filed JAN 23 1946

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.....

H. W. Gooding Registered Apprentice No.....  
working under my personal supervision.

Signed H. W. Gooding

Licensed Embalmer No. 1750

P. O. Address Atlanta Ga

**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.