

FILED MAR 12 1946

Registration District No. 179

Primary Registration District No. 5-6674287

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County LINCOLN

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

(c) Name of hospital or institution: 1  
(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)

3. (a) PRINT FULL NAME John Nicholas DUNN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife WILLETTA DUNN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MARCH 23 1863  
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace LINCOLN COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER (RETIRED)

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

MOTHER FATHER { 12. Name ROBERT C. DUNN

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

14. Maiden name ELLEN GENTRY

15. Birthplace LINCOLN CO. MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant EDGAR DUNN

(b) Address HAWK POINT, MISSOURI

17. (a) BURIAL (b) Date thereof FEB. 8 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TRDY. CEMETERY, TRDY. MO

18. (a) Signature of funeral director Kemp General Home

(b) Address TRDY. MISSOURI

19. (a) 2-6-1946 (b) Mrs. Emma Biddle  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN 57

(c) City or town TRDY. 2  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 6  
year 1946 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from FEB. 3 1946  
19\_\_\_\_, to FEB. 6 1946  
that I last saw him alive on FEB 5 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

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

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

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

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

Of autopsy (S)

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 J. P. Harris (M. D. or other) \_\_\_\_\_  
Address TRDY MO Date signed 2-6-46

**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.....

*Joseph J. Marsh*

Licensed Embalmer No. *3932*

P. O. Address *Tray, Missouri*

**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.**