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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8356

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 68

1. PLACE OF DEATH:

(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 707 W. Hildreth
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No.: 707 W. Hildreth
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Sarah Etta Dunkin

3. (b) If veteran, name war:

3. (c) Social Security No. None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Charles Dunkin

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: June (Month) 14 (Day) 1873 (Year)

8. AGE: Years 72 | Months 7 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace: Adair Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

MOTHER FATHER

12. Name: John Buckallew
13. Birthplace: Conuin (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Elizabeth Ivie
15. Birthplace: Unknown (City, town, or county) Ky. (State or foreign country)

16. (a) Informant: Mrs. J. M. De Witt
(b) Address: Kirksville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/6/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Park Cmt.

18. (a) Signature of funeral director: D. W. Riley
(b) Address: Kirksville, Missouri

19. (a) 3-3-46 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1946 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from February 10, 1945, to Death, 1946, that I last saw her alive on 12-29, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Anemia & malnutrition	
Due to: Generalized abdominal Ca.	
Due to: Carcinoma of bladder	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: 52 h

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

23. Signature: George E. Grim (M. D. or other) MD
Address: Kirksville, Mo Date signed 2-7-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-46-513
Date Filed MAR 16 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed D E R Riley

Licensed Embalmer No. 4191

P. O. Address Kirksville 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.