

No. 2
M-5-43
5-17-39
1 X36671

FILED JUN 13 1946
Registration District No. 44

Primary Registration District No. 5149

State File No. _____

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Nettleton
(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 52 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell 13

(c) City or town Nettleton
(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 Chester Arthur Dunscomb

3. (b) If veteran, name war: ✓

3. (c) Social Security No. 708-16-3440

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1945 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 16 1946 to May 18 1946 that I last saw him alive on May 18 1946 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Hattie Dunscomb 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Aug 28 1893
(Month) (Day) (Year)

Immediate cause of death: Coronary Thrombosis Duration 12 hrs.

8. AGE: Years 52 Months 8 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Filling Sta. operator

11. Industry or business Gas and oil

12. Name Bert Dunscomb

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

14. Maiden name Lola Gibbs

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

16. (a) Informant Hattie Dunscomb

(b) Address Nettleton Mo

17. (a) Burial (b) Date thereof May-20-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Life's First Care - Danco P. Mo.

18. (a) Signature of funeral director: Bram Funeral Home

(b) Address Hamilton Mo

19. (a) May 29 1946 (b) Joan Mills
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: afw

Of operations: _____

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

Where did injury occur? _____ (City or town) (County) (State)

Did injury occur in or about home, on farm, in industrial place, in public place? No.

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Herbert R. Booth (M. D. or other) MD

Address Hamilton Mo Date signed 5/18/46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

R. G. Braun

Licensed Embalmer No. *3052*

P. O. Address *Hamilton, 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.