DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16421

State File No.

FILED MAY 16 1946

Registration District No. 132

Primary Registration District No. 5473

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton-Rural-Jackson.
(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 (Specify whether
In this community 36 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy 40
(c) City or town Trenton-Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Jackson TWP. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Rolla Dunkin.
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 Laura Bell Dunkin
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased June (Month) 29 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	5	4	hr. min.

9. Birthplace Brimson (City, town, or county) Mo. 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Martin L Dunkin
13. Birthplace Grundy County (City, town, or county) Mo. 1 (State or foreign country)
MOTHER
14. Maiden name Matilda Walden.
15. Birthplace Indiana 1 (City, town, or county) (State or foreign country)
16. (a) Informant Laura Dunkin
(b) Address Trenton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 14 (Day) 45 (Year)
(c) Place: burial or cremation I.O.O.F. Edinburg Mo.
18. (a) Signature of funeral director E.J. Robertson Funeral Home.
(b) Address Laredo Mo.
19. (a) 12-14-45 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13th year 1945 hour 4 minute 10 A.M.
21. I hereby certify that I attended the deceased from Jan 1st 1940 to Dec. 13th 1945; that I last saw him alive on Dec 11th 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-Vascular-Renal disease	4 years.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 [signature] (M. D. or other) M.D.
Address Trenton Mo Date signed Dec 13th 1945

(Licensed Embalmer's Statement on Reverse Side)

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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DISTRICT HEALTH OFF
Cameron, Mo.