

X35697

FILED JUL 10 1946

Primary Registration District No. 2025

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell

(c) City or town West Plains  
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Katherine May Dunahoo

(b) If veteran, name war ✓

(c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23  
year 1946 hour 10 minute 0 M.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
(Day) (Year)

7. Birth date of deceased: June 1 1933  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 22, 1946 to June 23rd, 1946  
that I last saw him alive on June 23rd, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 13 Months 22 Days \_\_\_\_\_  
If less than one day hr. min.

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

10. Usual occupation Student

Immediate cause of death: Pneumonia, Labor, Double Duration 4 days

MOTHER FATHER

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

12. Name Dewey Dunahoo

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

14. Maiden name Eva Mape

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

16. (a) Informant Dewey Dunahoo

(b) Address West Plains, Mo

17. (a) B (b) Date thereof 6-25-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director Robertson

(b) Address West Plains, Mo

19. (a) July 1, 1946 (b) Bludys Burison  
(Date received local registrar) (Registrar's signature)

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 Art Harry King (M. D. King)  
Address West Plains, Mo Date signed 7/26/46  
Shoruberg

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

RECEIVED

District Health

District No.

Date Filed

Office No. B,  
746 408  
71 E. 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 *W. D. Robertson*

Licensed Embalmer No. *3432*

P. O. Address *West Plains, 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.