S. No. 2
M—2-43
. 5-17-39
X35697

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

22857

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr Gregg

State File No. 24002

FILED JUL 16 1946

Registration District No. _____ Primary Registration District No. 2001 Registrar's No. _____

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FREEMAN Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) In this community 6 WEEKS

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Cherokee 99
(c) City or town Galena (If outside city or town limits, write "RURAL")
(d) Street No. R. R. 2 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PERRY DUNN
3. (b) If veteran, name war NO
3. (c) Social Security No. 441-01-2179
4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LULA FAYE
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased 12 (Month) 24 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
49	5	16	hr. _____ min.

9. Birthplace WISCONSIN (City, town, or county) (State or foreign country)
10. Usual occupation CARPENTER
11. Industry or business MINES
FATHER 12. Name JAMES DUNN
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name ~~[illegible]~~ Naomi Hadley
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Lula Faye Dunn
(b) Address R. R. 2 Galena, Kans
17. (a) Burial, cremation, or removal Burial (b) Date thereof 6-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest, Galena Kans.
18. (a) Signature of funeral director Harlin-Wade
(b) Address Baxter Springs, Kans.
19. (a) 6-18-46 (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th year 1946 hour 1:15 PM minute _____ M.
21. I hereby certify that I attended the deceased from April 29, 1946 to 6/10 1946 that I last saw him alive on 6/10 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	
Due to Aortitis & Nephritis	2 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) NO
(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) Nature of injury _____
23. Signature [illegible] (M. D. or other)
Address Galena Kans Date signed 6/13/46

(Licensed Embalmer's Statement on Reverse Side)

1558

46-6-548

JUL 25 1949

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 Hodgens Wene Funeral Home, Registered Apprentice No. ....., working under my personal supervision.

Signed J. Lance Wene

Licensed Embalmer No. 2880

P. O. Address Baylee Spgs Ka

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.

S. No. 2B
25M—3-45
I X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. [illegible]

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. [illegible]

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Perry Dunn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 24 (Day) 1896 (Year)

8. AGE: Years 49 Months 5 Days 6 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 20
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Chronic nephritis

Due to Myocarditis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Six Months

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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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 [illegible] (M. D. or other)

Address Joplin Mo Date signed 22/46

SUPPLEMENTARY

22857

24002