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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24303
Registrar's No. 2193

FILED AUG 1 1946

Registration District No. 209

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2416 Market Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 M O
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal
(If outside city or town limits, write "RURAL") 3

(d) Street No. 2416 Market Street
(If rural, give location) 4

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Francis L. Dunn

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1946 hour 12 noon minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male () 5. Color or race White

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

6. (b) Name of husband or wife Violet 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April (Month) 27 (Day) 1914 (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiated
pulmonary tuberculosis

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>1</u>	<u>24</u>	hr. _____ min. _____

Due to _____

Due to _____

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

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

10. Usual occupation Lab worker

Major findings: Of operations nk

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER { 12. Name Francis L. Dunn

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

14. Maiden name Lessie Shrum

15. Birthplace Saverton (City, town, or county) Missouri (State or foreign country)

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? _____

16. (a) Informant Mrs Violet Dunn

(b) Address Hannibal, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director Jac O'Donnell

(b) Address Blauvelt, Mo

19. (a) 6-25-46 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

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

23. Signature J. J. [unclear] (M. D. or other) _____

Address 101 1/2 W. [unclear] Date signed 6/26/46

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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 H. M. O'Connell.....

Licensed Embalmer No. 3889.....

P. O. Address Hannibal, 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.