

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Aldrich, Mo. RI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Jackson Township 1
(If not a hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 79 years - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 21
(c) City or town Aldrich, Mo. RI
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Ross DUNN

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased March 4th 1863 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 9 15 hr. min.

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

10. Usual occupation House wife

11. Industry or business General Home Keeper

12. Name John Lyman ?

13. Birthplace Not known ? (City, town, or county) (State or foreign country)

14. Maiden name Permelia Pylant ?

15. Birthplace No Record ? (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Troy Glez

(b) Address Aldrich, Mo. RI

17. (a) Burial (b) Date thereof Dec. 22-1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reynolds Chapel Cemetery

18. (a) Signature of funeral director Gene A. Brown

(b) Address Walnut Grove, Missouri

19. (a) Dec. 22-1946 (b) Billie Griege (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th year 1946 hour _____ minute 55 P.M.

21. I hereby certify that I attended the deceased from Sept. 1946 to Dec. 8, 1946 that I last saw her alive on Dec. 8, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 24 hrs.

Due to Chronic myocarditis Arteriosclerosis 4 mo. +

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93D

Of autopsy _____

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?

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

23. Signature W. W. Gillman Jr. (M. D. or other) _____

Address Bellevue, Mo. Date signed 12/21/46

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

97-0E-21
2818-77-11

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
LABORATORY

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 Gene P. Brinn

Licensed Embalmer No. 2664

P. O. Address Waltham, 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.