S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1947

Dr. Leon Taylor

Registration District No. 48

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5173 A.

State File No. 448

Registrar's No. 1

**1. PLACE OF DEATH:**

(a) County: Callway Summit

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

(c) Name of hospital or institution: Cedar City, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... In this community 50 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Callaway

(c) City or town: Cedar City
(If outside city or town limits, write "RURAL")

(d) Street No.: None
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Richard Rufus Dunn

3. (b) If veteran, name war .....

3. (c) Social Security No. none

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Frances Jane Dunn

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: November (Month) 20 (Day) 1859 (Year)

8. AGE: Years 87 | Months 1 | Days 15 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: Retired

11. Industry or business .....

MOTHER FATHER

12. Name: Not Known

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

14. Maiden name: Not Known

15. Birthplace: " " (City, town, or county) (State or foreign country)

16. (a) Informant: Richard M. Dunn

(b) Address: Cedar City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan-6-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Union Hill Cemetery

18. (a) Signature of funeral director: Rorkey Gordon

(b) Address: Jefferson City, Missouri

19. (a) 1-4-47 (Date received by local registrar) (b) C. G. Harris M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 4 year 1947 hour 7:15 minute AM M.

21. I hereby certify that I attended the deceased from Dec 31 1946 to Jan 4 1947 that I last saw him alive on Jan 4 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Uremia | |
| Cause: | 4 days |
| Due to: Chronic interstitial nephritis | years |
| Due to: Hypertensive arteriosclerotic disease | years |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: B/B
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) D

While at work? ..... (e) Means of injury .....

23. Signature: Leon A. Taylor (M. D. or other) M.D.

Address: Jefferson City Date signed 1-4-47

40 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 8 1947

## 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 Fred P Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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.**