

No. 2  
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17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 16 1947  
Registration District No. 137

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 893  
Registrar's No. 1

Primary Registration District No. 3023

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

1. PLACE OF DEATH:  
(a) County HENRY  
(b) City or town CLINTON  
(c) Name of hospital or institution: GENERAL HOSPITAL  
(d) Length of stay: In hospital or institution. 13 DAYS  
In this community 13 DAYS

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County HENRY  
(c) City or town Urich  
(d) Street No. RURAL - White oak Trp.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME WILLIAM RICHARD DUNN  
3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 2<sup>nd</sup> year 1947 hour 9 minute A.M.  
21. I hereby certify that I attended the deceased from 16 Nov. 1946 to 2 Jan 1947 that I last saw him alive on 2 January and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife. ORA GATES DUNN 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Oct. 13 1878

Duration  
Due to Acute Nephritis 3 weeks  
Due to Infection of throat  
Other conditions  
Major findings: Of operations 130  
Of autopsy

8. AGE: Years 68 Months 2 Days 19  
9. Birthplace Urich MO

10. Usual occupation FARMER  
11. Industry or business  
12. Name JASPER N. DUNN  
13. Birthplace COOPER Co MO  
14. Maiden name ANNA TAYLOR  
15. Birthplace KENTUCKY

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ora Klein  
(b) Address Urich Mo  
17. (a) BURIAL (b) Date thereof Jan 4, 1947  
(c) Place: burial or cremation HOPKINS CEMETERY  
18. (c) Signature of funeral director W. A. Cassant  
(b) Address Clinton Mo  
19. (a) 1-4-1947 (b) R. H. Kenney

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature James Smith M.D.  
Address Clinton Mo Date signed 1-3-47

120

1-7-47  
12-16-31  
2 ON 10000  
REGISTERED

**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, ~~city~~

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *H. A. Vansant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton*

**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.**