. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1706

State File No.

Registration District No. 185 Primary Registration District No. 4300 Registrar's No. 2

58

1. PLACE OF DEATH:
(a) County Linn
(b) City or town LaClede
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North west part of LaClede
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town LaClede 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLARENCE E. DUNKLEBERGER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Wife Katie Lile Dunkleberger
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 22 (Day) 1882 (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	3	15	hr. min.

9. Birthplace Warsaw (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Christian Minister, Ret.
11. Industry or business Daniel L. Dunkleberger
FATHER
12. Name Daniel L. Dunkleberger
13. Birthplace (City, town, or county) Ohio (State or foreign country) 1
MOTHER
14. Maiden name Amanda Sellars
15. Birthplace (City, town, or county) Indiana (State or foreign country) 1
16. (a) Informant Katie L. Dunkleberger
(b) Address LaClede, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel N.E. of Anabel, Mo.
18. (a) Signature of funeral director M. G. Thorne
(b) Address LaClede, Mo.
19. (a) Jan 9-1947 (Date received local registrar) (b) Chris A. Marlens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1/7/47 day
year hour 9 minute 30 P M.
21. I hereby certify that I attended the deceased from 12/6, 1946, to 1/7, 1947
that I last saw him alive on 9/7, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Aortic insufficiency	
Due to cerebral apoplexy	
Due to Hypertension cardio vascular renal disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 92D	
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? 2
(Specify type of place)
While at work? (e) Means of injury
23. Signature D. G. Willis (M. D. or other) D.O.
Address Linneus Mo. Date signed 1/9/47

169

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me W. G. Thomas, Registered Apprentice No. ....., working under my personal supervision.

Signed W. G. Thomas

Licensed Embalmer No. 2876

P. O. Address Laclede, 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.