

FILED MAY 19 1947

Registration District No. 75

Primary Registration District No. 3015

Registrar's No. 33 (6)

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community fifty years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME REBECCA JANE DUNAWAY
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9th
year 1947 hour 3 minute 45 M.
21. I hereby certify that I attended the deceased from February 9, 1947, to May 9, 1947, that I last saw her alive on May 9, 1947, and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife REUBEN DUNAWAY
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 28 1860
(Month) (Day) (Year)

Immediate cause of death Coronary - Vascular
Renal Disease
Due to _____
Due to _____
Other conditions Carcinoma of nose - Epithelioma
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy 23
8

8. AGE: Years 86 Months 8 Days 18
If less than one day _____ hr. _____ min.

9. Birthplace Etoson Springs Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmers wife

11. Industry or business Home

12. Name Noah McQuinn

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

14. Maiden name Sarah Jane Wallace

15. Birthplace Clinton Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Vinson P. Ellis

(b) Address Cameron Mo.

17. (a) Ob Burial (b) Date thereof May 11, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mayville Mo

18. (a) Signature of funeral director DEMOSS CRUNK

(b) Address CAMERON, MO

19. (a) 5-10-47 (b) Winifred W. Moser
(Date received local registrar) (Registrar's signature)

Duration _____
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? _____
While at work? _____ (Specify type of place) Means of injury _____
23. Signature Mark Jones (M. D. or other) _____
Address Cameron Mo Date signed 10 May 47

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

MOTHER FATHER

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, by

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

Signed

Lee Moss Crunk

Licensed Embalmer No.

2533

P. O. Address

Cameron, 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.