

S. No. 2
M-8-43
5-17-39
X57823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19869

Registration District No. 338

Primary Registration District No. 6148

Registrar's No.

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bloomfield
(c) Name of hospital or institution: County Home 5
(d) Length of stay: In hospital or institution 17 years
In this community same

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Stoddard
(c) City or town Bloomfield Rural
(d) Street No. 103
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MARTIN DUNNING
3. (b) If veteran, name war --- 3. (c) Social Security No. ---

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 24 year 1947 hour 12 minute 05 P.M.
21. I hereby certify that I attended the deceased from Feb 1 1946 to March 24 1947
that I last saw him alive on March 24 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

Immediate cause of death Cerebral hemorrhage Duration 1 day
Due to hypertension ?
Due to ---

7. Birth date of deceased UNKNOWN 1986
8. AGE: Years 61 Months --- Days --- If less than one day hr. --- min. ---

Other conditions ---
Major findings: Of operations ---
Of autopsy ---

9. Birthplace UNKNOWN UNKNOWN
10. Usual occupation INMATE

11. Industry or business ---
12. Name UNKNOWN
13. Birthplace ---
14. Maiden name UNKNOWN
15. Birthplace ---

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

16. (a) Informant Jesse Aswad
(b) Address Bloomfield
17. (a) BURIAL (b) Date thereof March 25 1947
(c) Place: burial or cremation COUNTY HOME
18. (a) Signature of funeral director Jesse Aswad
(b) Address Bloomfield Mo.
19. (a) 5-16-47 (b) Rose Webber

23. Signature J. G. Jones (M. D. or other) MO
Address Bloomfield Mo. Date signed May 2 1947

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

MOTHER FATHER

RECEIVED
District Health Office No. 2,
District File Number 542-221
Date Filed 5-19-47

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.....

Licensed Embalmer No.....

P.O. Address.....

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.

Registration District No. 238

Primary Registration District No. 6148

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Bural
(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 _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Martin Dunning

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased unk.
(Month) (Day) (Year)

8. AGE: Years 61 Months _____ Days _____ If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

{ 14. Maiden name _____

{ 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Bloomfield Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1967 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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

23. Signature _____ (M. D. or other) _____
Date signed _____

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

SUPPLEMENTARY 24

S-19269