

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Walker  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: L 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution L (Specify whether  
In this community 2 years years, months or days)

3. (a) PRINT FULL NAME George Morton Dunkin

3. (b) If veteran, L name war \_\_\_\_\_ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mrs. Vida S. Dunkin 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Oct 26 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 6 21 hr. min.

9. Birthplace Arkans Feb. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business ✓

12. Name John W. Dunkin

13. Birthplace Ind. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Long

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

16. (a) Informant Mrs. Vida S. Dunkin

(b) Address Walker Mo

17. (a) Removal (b) Date thereof 5-19-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rogersville Mo

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Hevada Mo

19. (a) 5-19-47 (b) Mrs Sarah E Gray  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon  
(c) City or town Walker  
(If outside city or town limits, write "RURAL")  
(d) Street No. L (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
year 1947 hour 1 minute 20 P M.

21. I hereby certify that I attended the deceased from April 12  
1947 to May 17, 1947  
that I last saw him alive on May 17, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombus  
Due to Cerebral Arterio Sclerosis

Due to \_\_\_\_\_

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

Major findings: C. B. Davis M.D.  
Of operations \_\_\_\_\_

Of autopsy ✓

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence L

(c) Where did injury occur? L  
(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) (c) Means of injury ✓

23. Signature C. B. Davis (M. D. number) ✓

Address Walker Mo Date signed 5-18-47

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

08  
00

Duration

5 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 7,  
District File Number 5-47-229  
Date Filed 6-17-47

**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 me

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

Signed T. B. Terry

Licensed Embalmer No. 1760

P. O. Address Nevada 920

**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.**