

FILED AUG 14 1947

State File No. \_\_\_\_\_

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 148

1. PLACE OF DEATH:  
 (a) County Henry  
 (b) City or town Clinton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution General Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Henry #2  
 (c) City or town Urich 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. at Home in Urich 0  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Clyde Dunn  
 3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 7 day 30  
 year 1947 hour 4 minute 50 P.M.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Bessie Dunn 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased 2 (Month) 1881 (Day) (Year)

21. I hereby certify that I attended the deceased from June 6, 1935 to July 30, 1947  
 that I last saw him alive on July 30, 1947  
 and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 5 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Hemorrhage from enlarged veins in stomach.  
 Due to \_\_\_\_\_  
 Due to (1) Enlarged spleen  
(2) Cirrhosis of liver  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Near Urich, Henry Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Jasper Newton Dunn  
 13. Birthplace Cooper Co. Mo. (City, town, or county) (State or foreign country)  
 14. Maiden name Anna Taylor  
 15. Birthplace Frankfort Kentucky (City, town or county) (State or foreign country)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations 1748  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Bessie Dunn  
 (b) Address Urich, Mo.

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? ( )

17. (a) Urich, Mo. (b) Date thereof 8 2 47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Urich Mo

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

18. (a) Signature of funeral director W. J. Brewer  
 (b) Address Urich Mo

23. Signature Dr. R. P. Halligan M.D. other \_\_\_\_\_  
 Address Clinton Missouri Date signed 8/4/47

19. (a) 8-4-47 (b) R. R. Kannee  
(Date received local registrar) (Registrar's signature)

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

RECEIVED  
Office No. 71  
7-47-956  
8-13-97  
Dona Brock

**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 R. R. Kerney

Licensed Embalmer No. 3099

P. O. Address Clinton Ms

**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.**