S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41224

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 194

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution six days (Specify whether
In this community six days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Rural Route 2 Nelson
(If outside city or town limits, write "RURAL")
(d) Street No. Ridge Prarie
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ARIE M. DUNNAVANT
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph T. Dunnavant
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased December 17, 1881 (Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Saline County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business *****
FATHER
12. Name William Dial
13. Birthplace Saline Co. Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Luella Smith
15. Birthplace Saline Co Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Florence Johnson
(b) Address Seattle Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation Heath's Creek Cemetery
18. (a) Signature of funeral director Duane Ewing
(b) Address Sedalia Mo.
19. (a) 12-27-47 (Date received local registrar) (b) [illegible] Cooper (Registrar's signature) 281

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1947 hour 1 minute 28 A M.
21. I hereby certify that I attended the deceased from 16 Dec 47, 19..., to 20 Dec 47, 1947
that I last saw her alive on 19 Dec 47, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia (type undetermined)	6 weeks
Due to	
Due to	
Other conditions Age (67) (Include pregnancy within 3 months of death)	

Any evidence of possible pulmonary TBC ??

Major findings:
Of operations none
Of autopsy None 109 A

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Arie C. Van Bouwmeester (M. D. or other) M.D.
Address 329 Main St. Boonville Mo. Date signed 20 Dec 47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 1-7-48

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.