

FILED MAR 22 1948

Registration District No. **248**

Primary Registration District No. **5844**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Newton**
 (b) City or town **Rural**
(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 years, months or days)
 In this community **5 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**
 (c) City or town **Rural** **73**
(If outside city or town limits, write "RURAL")
 (d) Street No. **7 miles SE of Seneca**
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **George Edgar Dunkle**

(b) If veteran, name war _____ (c) Social Security No. **441-10-4790**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Mar.**

6. (b) Name of husband or wife **Meta** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **June 4, 1893**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	8	22	hr. _____ min. _____

9. Birthplace **Joplin Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **George Dunkle**

13. Birthplace **Uniontown, Pa.**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Herrick**

15. Birthplace **Uniontown, Pa.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Cecil Dunkle**

(b) Address **Barthlesville, Okla.**

17. (a) **Barthlesville, Okla.** (b) Date thereof **Feb. 26, '48**
(City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation **Barthlesville, Okla.**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Barthlesville, Okla.**

19. (a) **3-16-1948** (b) **Nettie Morris**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **26**
 year **1948** hour **9** minute **10** A.M.

21. I hereby certify that I attended the deceased from **Nov. 25, 1945** to **Feb. 26, 1948**
 that I last saw him alive on **Feb. 25, 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Tuberculosis **3 yrs.**
 Due to _____
 Due to _____

Other conditions (Includes pregnancy within 3 months of death) _____
 Major findings: Of operations: _____
 Of autopsy: _____

Duration
 Duration
 Duration

PHYSICIAN
 Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 **2**

23. Signature **M.S. Mendenhall** (M. D. or other) **MD**
 Address **Seneca, Mo.** Date signed **2-26-48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. Newton

District File Number 348-269

Date Filed 3-19-48

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.....

working under my personal supervision

[Handwritten signature] 342

Registered Apprentice No.

Signed.....

[Handwritten signature]

Licensed Embalmer No. 342

P. O. Address Bartholme Okla

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.