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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15441

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 636

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1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 Days. (Specify whether years, months or days)
In this community: 7 days

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: Holt
(c) City or town: Liberty Twp. Rural. (If outside city or town limits, write "RURAL")
(d) Street No.: Rural, Liberty Twsp. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: William Franklin Dunkelberger.
3. (b) If veteran, name war: ——
3. (c) Social Security No.: ——
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
7. Birth date of deceased: Oct. (Month) 30 (Day) 1872. (Year)
8. AGE: Years 75 | Months 9 | Days 8 | If less than one day: hr. min.
9. Birthplace: Holt County (City, town or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farming
MOTHER FATHER
12. Name: Jerry Dunkelberger.
13. Birthplace: unknown, (City, town or county) Penn. (State or foreign country)
14. Maiden name: Lydia Shunkwiler.
15. Birthplace: unknown (City, town, or county) Penn. (State or foreign country)
16. (a) Informant: Earl Dunkelberger
(b) Address: Mound City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/10/48. (Month) (Day) (Year)
(c) Place: burial or cremation: Mound City, Mo.
18. (a) Signature of funeral director: M. Crawford
(b) Address: Mound City, Mo.
19. (a) 6-10-48 (Date received local registrar) (b) G. C. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1948. hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 1, 1948, to June 8, 1948; that I last saw him alive on June 7, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	1 week.
Due to: Myocarditis	1 year.
Due to: hypertension	3 years
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: John F. Graves (M. D. or other) M.D.
Address: 420 N. 8th St. Date signed 6-9-48 St. Joseph, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

John Torgrow
Sexton

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 Alvan M. Lisbona, Registered Apprentice No. 48, working under my personal supervision.

Signed W H Crawford

Licensed Embalmer No. 1824

P. O. Address Mound City, 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.