

FILED JUN 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21901

Registration District No. 338

Primary Registration District No. 4506

Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Essex
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whetherIn this community _____
years, months or days)3. (a) PRINT FULL NAME Marshall Hendry Dunn

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Mary E. Dunn 6. (c) Age of husband or wife if alive 82 years7. Birth date of deceased May 13 1863
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
85 0 19 hr. _____ min.9. Birthplace Vienna, Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business _____

12. Name Levi Dunn13. Birthplace Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Mary E. Hendry15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Nathan Glenn(b) Address Dexter, Missouri17. (a) Burial (b) Date thereof 6-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Essex Cemetery(a) Signature of funeral director Strickland-Rainey(b) Address Dexter, Missouri(a) 6-25-48 (b) Rose Webber
(Date received local registrar) (Registrar's signature) 350

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103
(c) City or town Essex
(If outside city or town limits, write "RURAL") 0(d) Street No. _____
(If rural, give location) 0(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1948 hour 11 minute 0 A.M.21. I hereby certify that I attended the deceased from 5-18-48
1948 to 5/31/48, 1948
that I last saw him alive on 5/31/48
and that death occurred on the date and hour stated above.Immediate cause of death Congestive Heart Failure
Duration 3 weeksDue to Chronic hypoxemiaDue to C.V.D. diseaseOther 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?While at work? _____ (Specify type of place)
(c) Means of injury _____23. Signature Head (M. D. or other) 0
Address Stoddard Date signed 6-7-48

RECEIVED
District Health Office No
District File Number 648-
Date Filed 6-28-

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.....

Licensed Embalmer No. 3479

P. O. Address..... Dept. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.