

REC'D JUN 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18357

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 1
 (b) Township _____ Primary Registration District No. 14211
 (c) City Windsor (d) Street No. 12
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Chloe Sands Dunn

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ira B. Dunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 28, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
43 8 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home Maker

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Leeton 0
 (STATE OR COUNTRY) Missouri 1

13. NAME Alexander Sands

14. BIRTHPLACE (CITY OR TOWN) Illinois 1
 (STATE OR COUNTRY)

15. MAIDEN NAME Essie Saxton

16. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

17. INFORMANT John Dunn
 (ADDRESS) Warrensburg, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Missouri May 20, 1938

19. FUNERAL DIRECTOR (NAME) Huston Turner
 (ADDRESS) Windsor, Missouri

20. FILED May 20, 1938 J. J. Jensen
 Local Registrar

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 193822. I HEREBY CERTIFY, That deceased died from _____I last saw h. Dr. and today May 18, 1938 Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Natural Causes - history suggestive of coronary occlusion 59
 Date of onset May 14, 1938

Other contributory causes of importance: long history of diabetes unknownName of operation None Date of _____What test confirmed diagnosis? history Was there an autopsy? Y

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) S. B. Hughes, M. D.(Address) Clinton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. STATE OF INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

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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. 3391

P. O. Address _____

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, above space should be left blank.