

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 12 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**41275**

State File No. \_\_\_\_\_  
Registrar's No. **229**

Registration District No. **137**

Primary Registration District No. **3023**

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

1. PLACE OF DEATH:

(a) County **HENRY**

(b) City or town **CLINTON**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**GENERAL HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 DAYS**  
(Specify whether years, months or days)

In this community **16 MONTHS**  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **Henry**

(c) City or town **Clinton Mo.**  
(If outside city or town limits, write "RURAL.")

(d) Street No. **216 S. 4th St.**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JOHN HARDAMAN DUNNING**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **500-03-641**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **26** day **Nov.** year **1944** hour **10:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **12-24**, 19**44** to **12-26**, 19**44**  
that I last saw him alive on **12-26**, 19**44** and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife **EDNA EARLE DUNNING** alive **64** years 6. (c) Age of husband or wife if

7. Birth date of deceased **Aug 27 1874**  
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage** Duration **2 days**

8. AGE: Years **70** Months **3** Days **29** If less than one day hr. min.

Due to \_\_\_\_\_

Due to **830**

9. Birthplace **DEEPWATER MO**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **MERCHANT**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **JOHN DUNNING**

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

14. Maiden name **SARAH E. DUNNING**

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

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy **None**

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs John H. Dunning**

(b) Address **Clinton Mo.**

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? \_\_\_\_\_

17. (c) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-29-44**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Englewood Cemetery**

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

18. (a) Signature of funeral director **J. D. Vansant**

(b) Address **Clinton Mo**

19. (a) **December 28 1944** (Data received local registrar) (b) **Georgia Kitcher** (Registrar's signature) (c) **J. D.**

23. Signature **E. C. Decker** (M. D. or other) **MD**

Address **Clinton Mo** Date signed **12/27/44**

SEP 4 1942

RECEIVED  
District Health Officer No. 74  
District File No. 12-44-1485  
Date Filed 1-11-43

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 H. H. Vansant  
Licensed Embalmer No. 3779  
P. O. Address Clinton

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.