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8-43
5-17-39
X37823

FILED AUG 26 1947

Registration District No. 197

Primary Registration District No. 3023

Registrar's No. 181

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: Witzel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days) 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Deepwater
(If outside city or town limits, write "RURAL")
(d) State No. RECEIVED (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Ida Mae Dunning

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife: C.H. Dunning 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased July 15 1893
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 6 If less than one day hr. min.

9. Birthplace: Robinson County, Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation: Nurse wife

11. Industry or business _____

12. Name: Wm. J. Hughes

13. Birthplace: Tenn
(City, town, or county) (State or foreign country)

14. Maiden name: Eliza Ann Keltman

15. Birthplace: Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. W. J. Hughes
(b) Address: Deepwater, Mo
(c) Date thereof: 8-24-47
(Month) (Day) (Year)

(d) Place: burial or cremation: Bethelham Cem

18. (a) Signature of funeral director: Tom Nurst
(b) Address: Deepwater, Mo

19. (a) 8-23-47 (b) R. R. Kermey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st
year 1947 hour 4 minute 27 P. M.
21. I hereby certify that I attended the deceased from Aug 13, 1947
19 August 21, 1947
that I last saw her alive on August 21, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: acute glomerular nephritis with hemorrhage of bowel due to carcinoma of small intestine

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 40E
Of autopsy: _____

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 _____? (Specify type of place)
(e) Means of injury: 2
23. Signature: Edmond Barrett, M.D.
Address: Clinton, Mo. Date signed: 8/24/47

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

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

RECEIVED
District Health Officer No. 7,
District File Number 8125-47
Date Filed 7-47-2013

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 *Tom Hunt*
Licensed Embalmer No. *2782*
P. O. Address *Deepwater MD*

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.