

REC'D MAR 24 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHDr. F. E. ...
6768
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 315
 (b) Township Springfield Primary Registration District No. 2001 Registered No. 127
 (c) City Springfield (d) Street No. Burgess Hospital St.
 (If death occurred in hospital or institution, write its name instead of street and number)
 (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

(a) Residence, No. Rt 2 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept, 17-1933</u>		
7. AGE	YEARS	MONTHS
<input checked="" type="checkbox"/>	<u>0</u>	<u>4</u>
		DAYS
		<u>22</u>
		If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Self-employed</u>	
	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) (STATE OR COUNTRY) <u>Springfield, Missouri</u>		
FATHER	13. NAME <u>August R. Dunn</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Ollie Cox</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carthage, Missouri</u>	
17. INFORMANT (ADDRESS) <u>August R. Dunn, Springfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wash Park</u> DATE <u>Feb 10-1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Alma Tammer, Springfield, Mo.</u>		
20. FILED <u>Feb 10, 1938</u> <u>Chas. C. George, M.D.</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 9-1938

22. I HEREBY CERTIFY, That I attended deceased from 2/6, 1938 to 2/9, 1938
 I last saw him alive on 2/8, 1938 Death is said to have occurred on the date stated above, at 12:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
 Date of onset 2/6/38
108-

Other contributory causes of importance:

Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? No

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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Chas. C. George, M. D.
 (Address) Springfield, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Alma Schmeyer, Licensed Embalmer No. 2290

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)