S. No. 2
-11-10-39
5-17-39
I X21492

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

FILED APR 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12539

State File No. 15 ~~6~~ ~~20~~

Registration District No. 799 Primary Registration District No. 4479 Registrar's No.

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: none 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline

(c) City or town Missouri Slater
(If outside city or town limits, write "RURAL")

(d) Street No. W Emma
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Martha Frances Dunkin 525

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 3rd (Day) 1854 (Year)

8. AGE: Years 85 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Selma, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Christopher Newell
13. Birthplace Trenton, N. J.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Esther Dynes
15. Birthplace Lebannon, Ohio.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. J. Cusick
(b) Address Slater, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/'40 (Month) (Day) (Year)

(c) Place: burial or cremation Slater, Mo.

18. (a) Signature of funeral director

(b) Address Hill Brothers, Slater, Mo.

19. (a) 3-25 (Date received local registrar) (b) W. M. Tuttle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd year 1940 hour 1 minute A M.

21. I hereby certify that I attended the deceased from Oct 3rd 1939 to Mar. 23- 1940 that I last saw her alive on Mar. 23- 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	1 yr.
Chronic Ido Glutenous Nephritis	6 yrs
Due to Acute Influenza	
Due to Fracture left hip in home	6 months

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy None

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

22. If death was due to external causes, fill in the following: None

(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?

(e) While at work (f) Means of injury

23. Signature W. E. Richardson (Dr. or other)

Address Slater Mo Date signed 3/23/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
...rict Health Officer No. 8,
...ence File Number
Date Filed 4-16-40

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~~ Edgar Moore, Registered Apprentice No. 230, working under my personal supervision.

Signed A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slater Mo.

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.