

No. 2  
-13-40  
17-39  
X23159

SEP 25 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **29259**

Registration District No. **6.82**

Primary Registration District No. **5834**

Registrar's No. **34**

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer - Mo. TWP  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 50 years  
years, months or days

3. (a) PRINT FULL NAME Lucy Dunsmore

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 525

4. Sex Fe

5. Color or race W

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

6. (b) Name of husband or wife Robert Dunsmore

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

7. Birth date of deceased Apr - 30 - 1849  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>91</u>	<u>4</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Yonia Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation House

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

MOTHER FATHER

12. Name Thomas Stevens 9

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Heuserman 9

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. T. E. Taylor

(b) Address Thayer - Mo.

17. (a) Buried (b) Date thereof 9-2-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer - Mo.

18. (a) Signature of funeral director Les Carr

(b) Address Thayer - Mo.

19. (a) 9-5-194 (b) Lola E. Johnson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Oregon

(c) City or town Thayer - Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31 day Aug -  
year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8-27-40  
1940, to 8-31, 1940;  
that I last saw her alive on 8-31, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Chronic Myocarditis

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

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

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

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

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? 563  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Thayer - Mo. Date signed 9-6-40

Duration 1 week 3 days

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. 5,

District File Number 940948

Date Filed \_\_\_\_\_

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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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, fact should be so stated above.**