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✓ *Perennial*
State File No. 39908

DEC 11 1940 810

Primary Registration District No. 6055

Registrar's No. 57

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

1. PLACE OF DEATH

(a) County Scotland

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

(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME Permelia A. Dunn

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec 8 1850
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Scotland Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business _____

12. Name Carmon Dunn

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

14. Maiden name Elozabeth Pierce

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

16. (a) Informant Mrs Joe Forester

(b) Address Memphis Mo

17. (a) Burial (b) Date thereof Nov 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union

18. (a) Signature of funeral director Leatha Bissett

(b) Address Memphis Mo.

19. (a) 12-2-40 (b) E.E. Parrish
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scotland

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

(d) Street No. 0 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16
year 1940 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from Oct 1
_____ 1930 to Nov 13 1940;
that I last saw her alive on Nov 13 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Hypostatic Pneumonia

Due to Senile Debility

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? 725

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E.E. Parrish (M. D. or other) _____

Address Memphis Mo Date signed 12-2-40

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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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39908
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 810

Primary Registration District No. 6053

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

1. PLACE OF DEATH:
(a) County Scotland
(b) City or town Jefferson T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(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.

3. (a) PRINT FULL NAME Permelia A. Dunn
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

20. DATE OF DEATH: Month 7 day 16
year 1970 hour _____ minute _____ M.

4. Sex 7 5. Color or race W
6. (a) Single, widowed, married, divorced 8
6. (b) Name of husband or wife _____
6. (c) Age of husband, or wife, if alive _____ years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 11 Days 8
If less than one day _____ hr. _____ min.

Immediate cause of death:
Hypostatic Pneumonia
Senile Debility
Bronchial Pneumonia

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

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____

Major findings: _____
Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name _____

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

14. Maiden name _____

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

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 work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. E. Parrish (M. D. _____)
Address Memphis Mo Date signed 1/30/71

SUPPLEMENTARY

1940

S-39908