

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

20920
Do not use this space.

FILED DEC 11 1940

1. PLACE OF DEATH
 (a) County Scott Registration District No. 1151
 (b) Township Jernfelt Primary Registration District No. 4588
 (c) City 2 or (d) Street No. _____ 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 CHARLES W DUNGER
 (a) Residence, No. Jernfelt St. Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jernfelt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 17 - 1871</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>10</u>
	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Railroader</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Scott County Mo</u>		
FATHER	13. NAME <u>Wm Dunger</u>	<u>6</u>
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Germany</u>	<u>9</u>
MOTHER	15. MAIDEN NAME <u>Untersaun</u>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>ii</u>	
17. INFORMANT (ADDRESS) <u>Henry Dunger Jernfelt Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Parson</u>	DATE <u>10/27/40</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Walter Newell Ave Burial Co</u>		
20. FILED <u>Nov 6th 1940</u> <u>Pearl Gray</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/24/40

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h. i. m. alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
Acute Myocarditis

Other contributory causes of importance: 93 W

Name of operation _____ **Date of** _____
What test confirmed diagnosis? _____ **Was there an autopsy?** _____

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? _____
 If so, specify _____
 (Signed) John P. Hummel _____
 (Address) Charleston Mo _____

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.

RECEIVED

District Health Officer No. 2

District File Number 1240-17

Date Filed 12/14/48

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, above space should be left blank.