No. 2
1-4-41
17-39
X26390

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

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11738

Registration District No. 701 Primary Registration District No. 6936 Registrar's No.

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Bolivar, (Rural) (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 years, months or days) In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jesse Harmon Dunnaway
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, divorced Married
6. (b) Name of husband or wife Myrtle Dunnaway
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Oct 16, 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	5	3	hr. min.

9. Birthplace Polk Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Thomas Dunnaway
13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER 14. Maiden name Katherine Justice
15. Birthplace (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant Mrs Jess Dunnaway
(b) Address Bolivar, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/41 (Month) (Day) (Year)
(c) Place: burial or cremation Dunnaway Cemetery
18. (a) Signature of funeral director White-Erwin
(b) Address Bolivar, Missouri
19. (a) 4/4/41 (Date received local registrar) (b) J. J. Roberts (Registrar's signature) 130

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1941 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from 1937, 19 to March 19, 1941 that I last saw him alive on March 9, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertensclerosis, Nephritis	

Major findings:
Of operations
Of autopsy

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

23. Signature [illegible] (M. D. or other)
Address Bolivar, Mo. Date signed 4-1-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4/41/724
Date Filed 4/16/41

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.