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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26368

BUREAU OF THE SERVICE
FILED AUG 25 1941

State File No. _____

Registration District No. 834

Primary Registration District No. 6097

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Advance, Mo. R. #2
(c) Name of hospital or institution: None
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Advance, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27,
year 1941 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from April
1941 to May 27, 1941.
that I last saw him alive on May 24, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Liver and Ascites
Due to _____
Due to _____
Other conditions: H67
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature E. C. Mustus (M. D. or other) MD
Address Advance, Mo. Date signed _____

3. (a) PRINT FULL NAME OLIVER W. DUNN

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male () 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Allene Dunn 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased: Aug. 17, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 9 10 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Proctor Dunn

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

14. Maiden name Rena Krauss

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

16. (a) Informant Ernest Dunn

(b) Address Advance, Mo. Route # 2

17. (a) Burial (b) Date thereof 5-29-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) 6-12-41 (b) D. S. McFee
(Date received local registrar) (Registrar's Signature)

100 (Licensed Embalmer's Statement on Reverse Side)

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

3
0
6

RECEIVED

District Health Office No. 2,

District File Number 841-1120

Date Filed 8-15-41

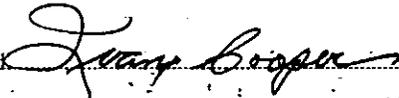
STATEMENT BY LICENSED EMBALMER

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. 4119

P. O. Address Bloomfield, 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, fact should be so stated above.