

FILED SEP 1 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28251

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 73

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

1. PLACE OF DEATH: Franklin
 (a) County Franklin
 (b) City or town Washington Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St Francis Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days (Specify whether
 In this community 2 days 0 years, months or days)

3. (a) PRINT FULL NAME DERALD Edward Dunagan
 3. (b) If veteran, name war ✓
 3. (c) Social Security No.

4. Sex male 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 Aug 1 1941
 (Month) (Day) (Year)

8. AGE: Years Months Days hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
 12. Name Donald Dunagan
 13. Birthplace Milton Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Opal Goin
 15. Birthplace Albion Neb
 (City, town, or county) (State or foreign country)

16. (a) Informant Donald Dunagan
 (b) Address Washington Mo

17. (a) Burial (b) Date thereof 8/3/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo
 18. (a) Signature of funeral director Frederick V. ...
 (b) Address Washington Mo

19. (a) Aug 3 1941 (b)
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Franklin
 (c) City or town Washington
 (If outside city or town limits, write "RURAL")
 (d) Street No. 411 Locust
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3rd
 year 1941 hour 18 minute 40 A.M.

21. I hereby certify that I attended the deceased from Aug 1, 1941, to Aug 3, 1941;
 that I last saw him alive on Aug 3, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Atelectasis 2 days

Due to

Due to

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?

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

23. Signature (M. D. or other)
 Address 314 1/2th Washington signed 8-3-41

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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 *me*

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.