

FILLED OCT 14 1941
Registration District No. **89**

Primary Registration District No. **3007**

Registrar's No. **360**

1. PLACE OF DEATH:
(a) County **Butler**
(b) City or town **Poplar Bluff City**
(c) Name of hospital or institution: **Lucy Lee Hospital**
(d) Length of stay: In hospital or institution **Hospital - Life**
In this community **Life**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Butler**
(c) City or town **Broseley Route 1 Poplar Bluff**
(d) Street No. **Lucy Lee Hospital**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Gloria Jean Dunivan**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

7. Birth date of deceased **Sept 6 1941**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days **6** If less than one day hr. _____ min.

9. Birthplace **Poplar Bluff Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Arthur E. Dunivan**

13. Birthplace **Dunklin County**
(City, town, or county) (State or foreign country)

14. Maiden name **Della Oglesby**

15. Birthplace **White Plains Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur E. Dunivan**
(b) Address **Broseley Route 1**

17. (a) **Burial** (b) Date thereof **Sept 12 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ash Hill**

18. (a) Signature of funeral director **Greer Croy Service**

(b) Address **Poplar Bluff, Missouri**

19. (a) **9-18-41** (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **12**
year **1941** hour **3** minute **0** M.

21. I hereby certify that I attended the deceased from **Sept 6** 1941 to **Sept 12** 1941
that I last saw her alive on **Sept 12** 1941
and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxia, mountain bda**
Due to **Prematurity**

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

Major findings: **129**
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 **[Signature]** (M. D. or other) _____
Address **Poplar Bluff, Mo** Date signed **9/17/41**

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Office No. 2,
District File Number 1041-1393
Date Filed 10/8/41

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.....

Not Embalmed

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete 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. 31152

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 360

1. PLACE OF DEATH Butler

(a) County Butler

(b) City or town Poplar Bluff
(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. 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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Storia J. Kunivan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
to _____, 19____;
that I have a w will give on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Infant

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

7. Birth date of deceased Sept 26 1941
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 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)

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9-18-41 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

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:

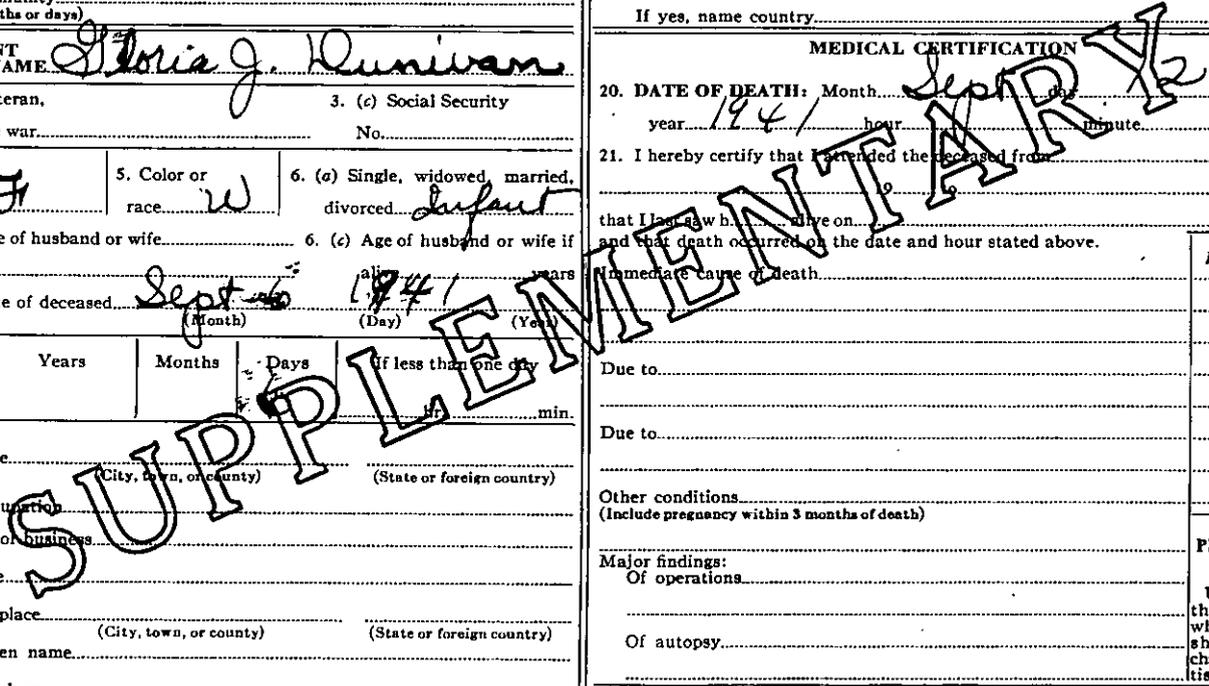
(a) Accident, suicide, or homicide (specify) _____

(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 _____ (M. D. or other) _____
Address _____ Date signed _____



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

1941
S-31152