

FILED MAR 20 1942

Registration District No. _____

Primary Registration District No. 4151

Registrar's No. 2

31
0

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

1. PLACE OF DEATH: Daviess

(a) County Daviess

(b) City or town Jameson ~~Town~~

(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 _____

In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ruth Jane Dunn

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Chas. W. Dunn

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased June 1868

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>7</u>	<u>25</u>	hr. _____ min.

9. Birthplace Daviess County Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Martin G. Scott

13. Birthplace Unknown Illinois

(City, town, or county) (State or foreign country)

14. Maiden name Carolyn Terry

15. Birthplace Unknown Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Williams

(b) Address Jameson, Missouri

17. (a) Burial (b) Date thereof 2-7-1942

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scotland Cemetery

18. (a) Signature of funeral director Hope Turner & Sons, Inc.

(b) Address Gallatin Mo.

19. (a) 2-7-42 (b) [Signature]

(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 31

(a) State Missouri (b) County Daviess

(c) City or town Jameson

(If outside city or town limits, write "RURAL") 0

(d) Street No. --- (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 4

Year 1942 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from Aug 1938 to Feb 4 1942

that I last saw her alive on Jan 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis Agitans Spinal

Due to Addisonian Anemia

Due to Permeic Anemia

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

Major findings: Of operations 87C

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) _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Jameson Mo Date signed 7/7/42

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..... *L. O. Richardson*.....
Licensed Embalmer No. *3302*
P. O. Address..... *Dallatin, 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.