

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

Rev. 5-17-39 I X1031

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10636

FILED APR 13 1942

Registration District No. 234

Primary Registration District No. 5305

Registrar's No. _____

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town RURAL PRAIRIE HOME
(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 1
(Specify whether _____)
In this community _____
years, months or days _____

3. (a) PRINT FULL NAME LAWA B. DUNGAN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife PERRY DUNGAN 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased 1-1-1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 2 20 hr. min.

9. Birthplace COOPER Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name PERRY TAYLOR
13. Birthplace TENNESSEE
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name MARY MCCLAIN
15. Birthplace COOPER Co. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Perry Dungan
(b) Address Prairie Home Mo.

17. (a) BURIAL (b) Date thereof 3-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation PROVIDENCE CEM.

18. (a) Signature of funeral director C. Albert Hornbeck
(b) Address Prairie Home, Mo.

19. (a) 3-23-42 (b) Mrs. D. E. Remyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County COOPER⁰²⁷
(c) City or town RURAL PRAIRIE HOME
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March (day 21)
year 1942 hour 8 minutes 30 A.M.
21. I hereby certify that I attended the deceased from Jan 16, 1942 to March 21, 1942
that I last saw her alive on March 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pancreatic
neoplasm Duration 3
years

Due to _____
Due to _____

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

Major findings: 1316
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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature C. L. Murch (M. D. or other) _____
Address Prairie Home Mo. Date signed 3-22-42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-10-42

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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, above space should be left blank.