

FILED SEP 30 1942

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 141

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

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Marysville city  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Frances Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 hours  
(Specify whether years, months or days)  
In this community 47 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
(c) City or town Bolckow  
(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.? 1 years.

3. (a) PRINT FULL NAME

Fred Raymond Dunn

3. (b) If veteran, name war

WORLD WAR I

3. (c) Social Security No.

500-07-8414

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

6. (b) Name of husband or wife Ruby Dunn 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased 9-1-1895  
(Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 10 If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Sylvester Dunn

13. Birthplace Missouri Miss 1  
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Smith

15. Birthplace Springfield Ill 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Dunn

(b) Address Bolckow

17. (a) B (b) Date thereof 9-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spahon

18. (e) Signature of funeral director E. G. Breit

(b) Address Savannah MO

19. (a) 9-12-1942 (b) Mary Boile  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 11  
year 1942 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from Sept 11  
11:30, 1942 to Sept 11, 1942  
that I last saw him alive on Sept 11, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death gun shot  
wounded in head through hair  
the brain  
Due to Suicidal interest

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 164e

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence Sept 11 - 1942  
(c) Where did injury occur? Bolckow Andrew MO  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at his home

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 22 rfh

23. Signature P.P. Kelly (M. D. or other)  
Address Savannah MO Date signed 9-12-42

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

SEP 30 1942

OCT 19 1942

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *E. C. Breit* .....

Licensed Embalmer No. *2650* .....

P. O. Address *Savannah ms* .....

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.