

S. No. 2
1-9-44
r. 5-17-39
I X29484

FILED FEB 17 1944

Registration District No. 17900

Primary Registration District No. 3005

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hosp. # 1

(d) Length of stay: In hospital or institution Since April 20-42
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. 116 McEwan St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Grace Dunnington

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1944 hour 3 minute 05 A.M.

21. I hereby certify that I attended the deceased from April 20, 1942 to Jan 31, 1944
that I last saw her alive on Jan 30, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Frank Dunnington

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Feb 25 1873
(Month) (Day) (Year)

Immediate cause of death chronic myocarditis

Due to Generalized arteriosclerosis

Due to _____

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

70 11 6 hr. _____ min.

Other conditions General sinus changes
(Include pregnancy within 3 months of death)
mentally and physically

Major findings: Of operations _____

Of autopsy _____

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Ayers

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Boots

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Nurse, record

(b) Address _____

17. (a) Removals (b) Date thereof 1-31-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clark mo

18. (a) Signature of funeral director Parthen F. Smouse

(b) Address Calumet mo

19. (a) 1-31-1944 (b) Joel M. ...
(Date received local registrar) (Registrar's signature)

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 P. S. Tate (M. D. or other) 0

Address State Hosp. # 1 Date signed 1-26-44

31
5/44

FEB 7 1944

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 *M. D. Whitehead*
Licensed Embalmer No. *3893*
P. O. Address: *Calumet, 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.