

FILED MAY 10 1944

Registration District No. 296

Primary Registration District No. 4445

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Orrick
(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 50 years years, months or days

3. (a) PRINT FULL NAME Mrs. ETTIE MAY DUNBAR

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased: 7 (Month) 2 (Day) 1866 (Year)

8. AGE: Years 77 Months 8 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name B. A. Benedict

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

14. Maiden name Don't know

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

16. (a) Informant Miss Maude Woods

(b) Address Orrick Mo.

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-44 (Month) (Day) (Year)

(c) Place: burial or cremation Roxland Court Ray Co

18. (a) Signature of funeral director C. V. Gibson

(b) Address Orrick Mo.

19. (a) 4/27/44 (Date received local registrar) (b) Dr. G. F. Simmons (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray
(c) City or town Orrick (If outside city or town limits, write "RURAL")
(d) Street No. 3 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 27 year 1944 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from 4/14/44, 1944, to 4/26/44, 1944; that I last saw her alive on 4/26/44, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 18 days

Due to Chronic Coronary

Due to _____

Other conditions 92d (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? _____ Means of injury 2

23. Signature Giffen F. Simmons (M.D. or other) D. O
Address Orrick - Mo Date signed 4/27/44

WRITE PLAINLY—USE UNFADING BLACK INK

MOTHER FATHER

RECEIVED

Officer No. 8,

Number

Filed 5-8-44

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 me

Registered Apprentice No.

working under my personal supervision.

Signed

C. V. Gibson

Licensed Embalmer No.

2299

P. O. Address

Oriskany 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.