

FILED JUL 13 1945
Registration District No. 179

Primary Registration District No. 4287

Registrar's No. _____

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

57
2
0

1. PLACE OF DEATH:

(a) County Luce
(b) City or town Troy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME WILL ETTA DUNN

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 John H. Dunn 6. (c) Age of husband or wife if alive about 80 years
7. Birth date of deceased Nov 23 1866 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>5</u>	<u>24</u>	hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Robert Patterson

13. Birthplace Mont Ron Missouri (City, town, or county) (State or foreign country)

14. Maiden name Margaret Patterson

15. Birthplace Mont Ron Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mr. John H. Dunn

(b) Address Troy Mo

17. (a) Burial (b) Date thereof May 20, 1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy Mo

18. (a) Signature of funeral director Temple Funeral Home

(b) Address Troy Mo

19. (a) June 6, 1945 (b) Randine McGregor (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1945 hour 7 minute _____ P. M.
21. I hereby certify that I attended the deceased from Feb 3 1945 to May 17 1945 that I last saw her alive on May 18 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (Generalized Metastasis) Duration 18 mos
Due to _____

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

Major findings: Of operations 559
Of autopsy no.

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 J. B. Breech (M. D. or other) _____
Address Troy Mo Date signed May 20/45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-12-45

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 Marie Muschong

Licensed Embalmer No. 2461

P. O. Address Wentzville

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.