

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 14 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1006

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 404 W. Locust
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 404 W. Locust
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME John A. Dunbar

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1945 hour 2:00 minute a. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unk.

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

7. Birth date of deceased: March 15, 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from intermittently for five to ten years to 1945, that I last saw him alive on Dec 12, 1945, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>79</u>	<u>8</u>	<u>23</u>		hr. min.

Immediate cause of death Cerebral Embolism

Due to Cerebral - Blood - Vascular Disease

9. Birthplace Rennesleai New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Due to.....

Other conditions (includes pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

11. Industry or business.....

12. Name John Dunbar

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

14. Maiden name Ann O Halleren

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Hugh Haseltine

(b) Address Springfield, Mo.

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?.....

17. (a) Burial (b) Date thereof 12/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

While at work?.....
(Specify type of place) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-11-45 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

23. Signature Max J. Fitch (M. D. or other) M.D.
Address Springfield, Mo. Date signed 12-10-45

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

39
2
6

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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. + x