S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 6 1946

State File No. 6751

Registration District No. 287 Primary Registration District No. 5979 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Walnut Grove Mo R3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural West Looney Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 57 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Walnut Grove R3 Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Rural West Looney township
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Izora Holman Dunn

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife William C. Dunn

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

7. Birth date of deceased August (Month) 5 (Day) 1869 (Year)

8. AGE: Years 76 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Cedar County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Farmers Housewife

FATHER
12. Name Van Holman
13. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Jane Holman
15. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant Mrs Glen Scroggins
(b) Address Walnut Grove Mo R3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29 '46 (Month) (Day) (Year)
(c) Place: burial or cremation Oakville Cemetery

18. (a) Signature of funeral director Geo A. Brim
(b) Address Walnut Grove Mo

19. (a) ~~[illegible]~~ (Date received local registrar) (b) Joe C. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1946 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 5 1946 to Jan 28 1946
that I last saw her alive on Jan 27 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Hypostasis	23 days
Due to Myocarditis	
Due to	
Other conditions (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? (e) Means of injury 0

23. Signature H J Harrell (M. D. or other)
Address Morrisville, Mo Date signed 1-28-46

Received Feb. 22 1946 263 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-46-137
Date Filed 2-5-46

MAR 11 1946

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 Gene A. Brim

Licensed Embalmer No. 2664

P. O. Address Walnut Grove, 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.