

FILED APR 11 1946

Registration District No. **236**

Primary Registration District No. **4352**

Registrar's No. **19**

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Versailles
(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 50 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Versailles
(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 BEN. F. DUNN

3. (b) If veteran, name war * 3. (c) Social Security No. *
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ella C. Smith 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. 5 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 0 19
hr. min.

9. Birthplace Logan County Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Restaurant Owner

MOTHER FATHER
12. Name Thomas B. Dunn
13. Birthplace Logan County, Ill.
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Dunn
(b) Address Versailles, Missouri
17. (a) Burial (b) Date thereof Mar 26-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Versailles City Cem

18. (a) Signature of funeral director W. F. Tidwell
(b) Address Versailles, Missouri
19. (a) 4-3-46 (b) J. J. Washburn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24th
year 1946 hour 5 minute a M.

21. I hereby certify that I attended the deceased from July 1 1945 to Mar 19 46
that I last saw him alive on Mar 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Duration instant

Due to _____
Due to _____

Other conditions: Angina pectoris 1 yr
(include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: g40
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)
(c) Means of injury 0
23. Signature A. J. Gunn (M. D. or other) _____
Address Versailles Mo. Date signed 3/25/46

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

9114

71
1
0

214

APR 18 1946

8-46-349
H-10-46

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 *E. J. Bauman*
Licensed Embalmer No. *1021*
P. O. Address *St. Louis, Missouri*

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.