

S. No. 2  
M-8-43  
S-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. 17155

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 3

1. PLACE OF DEATH:  
(a) County Lafayette  
(b) City or town Odessa  
(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.  
In this community ~~30 days~~ Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lafayette 54  
(c) City or town Odessa 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Harry Hicklin Dunkeson  
(b) If veteran, name war  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 30  
year 1946 hour 3 minute 30 A.M.

4. Sex M  
5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ester Dunkeson  
6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased July 11, 1890 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 30, 1946, to April 30, 1946; that I last saw him alive on April 30, 1946, and that death occurred on the date and hour stated above.  
Immediate cause of death: Cerebral thrombosis Duration

8. AGE: Years 55 Months 9 Days 19 If less than one day hr. min.

Due to: arteriosclerosis & cardiac valvular disease + hypertension  
Due to:

9. Birthplace Odessa, Mo. (City, town, or county) (State or foreign country)  
10. Usual occupation Assistant Post master

Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Of operations: none Of autopsy: none

11. Industry or business  
12. Name E.F. Dunkeson  
13. Birthplace Gower, Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Martha Hicklin  
15. Birthplace Lafayette Co., Mo. (City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ester Dunkeson  
(b) Address Odessa, Mo.  
17. (a) Burial (b) Date thereof May 2, 1946 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Odessa, Mo. Husman-Sparks  
18. (a) Signature of funeral director Odessa, Mo.  
(b) Address  
19. (a) June 1, 1946 (Date received local registrar) (b) Lella Drummond (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) none  
(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 (M. D. or other) Date signed 5/2/46

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

16036

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RECEIVED  
District Health Officer No. 8,  
Soc. 217  
Date Filed Mr 6-6-46  
Number 6-6-46

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.....

W J Sparks, Registered Apprentice No. 385-  
working under my personal supervision.

Signed Leary T. Heisman  
Licensed Embalmer No. 7541  
P. O. Address Adrian Mich

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.