

FILED APR 18 1947
43

5135

Registration District No. _____

Primary Registration District No. _____ Registrar's No. **150**

1. PLACE OF DEATH:
(a) County **BUTLER**
(b) City or town **RURAL - ASH HILL TWP**
(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 _____ (Specify whether
In this community **7 MO** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **BUTLER** 12
(c) City or town **RURAL** 0
(If outside city or town limits, write "RURAL")
(d) Street No. **10 MI. SE. POPLAR BLUFF** 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **SARAH LEONA DUNEHO**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MAY** day **17**
year **1947** hour **1** minute **50 A.M.**

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **HENRY DUNEHO**
6. (c) Age of husband or wife if alive **51** years
7. Birth date of deceased **APRIL 1 1882**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **MAY 10**
1947, to **MAY 17** 1947
that I last saw him alive on **MAY 17** 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 11 16 hr. _____ min.

Immediate cause of death **Coronary occlusion**
Due to _____
Due to _____

9. Birthplace **SPRING GARDEN ILL**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **gyp**
Of autopsy _____

10. Usual occupation **HOUSEWIFE**

11. Industry or business _____
12. Name **JOHN HANLEY**
13. Birthplace **ILL**
(City, town, or county) (State or foreign country)
14. Maiden name **ELITHA PETTY POOL**
15. Birthplace **ILL**
(City, town, or county) (State or foreign country)

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 plane) _____
While at work? _____ (e) Means of injury _____

16. (a) Informant **Henry Duneho**
(b) Address **RFD #1, Park Mo**

17. (a) **BURIAL** (b) Date thereof **MAR 21 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **BROWNS CHAPEL Cem.**

18. (a) Signature of funeral director **N.J. Phelps**
(b) Address **Poplar Bluff Mo**
19. (a) **4-10-47** (b) **John Hanley**
(Date received local registrar) (Registrar's signature)

23. Signature **J. B. Kelly** (M. D. or other) _____
Address **Park Mo 300** Date signed **4/7/47**

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

2
0
2

3.5

RECEIVED

District Health Office No. 2,

District File Number 747-283

Date Filed 4-18-47

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

N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Caplan Bluff 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.