

Registration District No. **44** Primary Registration District No. **4061**

1. PLACE OF DEATH:

(a) County **Caldwell**

(b) City or town **Braymer**
(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 **80 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **John A. Dunnigan**

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 **married**

6. (b) Name of husband or wife **Amanda Dunnigan**

6. (c) Age of husband or wife if alive **60 1/2** years

7. Birth date of deceased **Aug. 13th, 1888**
(Month) (Day) (Year)

8. AGE: **78** Years **9** Months **18** Days
If less than one day hr. min.

9. Birthplace **Buffalo N.Y.**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**

11. Industry or business

MOTHER FATHER

12. Name **John Dunnigan;**

13. Birthplace **Cork, Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

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

16. (a) Informant **Mrs Amanda Dunnigan**

(b) Address **Braymer, Mo**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **June 2, 1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **Lakeside Cem. Mendon, Mo**

18. (a) Signature of funeral director **Bernard F. Mead**

(b) Address **Braymer Mo**

19. (a) **6-2-47** (Date received local registrar)

(b) **Mrs. Nell B. Jones** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Chariton**

(c) City or town **Sumner,**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **31** year **1947** hour **9:** minute **45p.** M.

21. I hereby certify that I attended the deceased from **May 29** to **May 31**, 19**47**
that I last saw him alive on **May 31**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis (arteriosclerotic) & generalized arteriosclerosis**
Due to _____

Due to _____

Other conditions **Diabetes mellitus**
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: **W**

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)

(e) Means of injury _____

23. Signature **J. E. Goldsby, D.** (M. D. or other) **XXX**

Address **Braymer, Mo** Date signed **6-2-47**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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

Bernard J Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.