

FILED AUG 13 1947

Registration District No. 48

Primary Registration District No. 3007

Registrar's No. 2018

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lucy Lee
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter

(c) City or town Fremont
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Bell Dunn

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month Aug day 2
year 1947 hour 5 minute 18 P.M.

4. Sex F

5. Color or race w

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

6. (b) Name of husband or wife Geo. W. Dunn

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased: Nov 1 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-31, 1947, to 8-2, 1947, that I last saw her alive on 8-2, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure

Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>9</u>	<u>1</u>	hr. _____ min. _____

Due to Hypertensive Heart Disease

Due to _____

9. Birthplace Lester ville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

Other conditions Right Hemiplegia
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name James W. Wilson

13. Birthplace Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Mungar

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

Major findings:
Of operations gyp

Of autopsy _____

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

16. (a) Informant Ed Wilson

(b) Address Web City Mo.

17. (a) Burial (b) Date thereof 8-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Van Buren Station

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? ()

18. (a) Signature of funeral director Ed Wilson

(b) Address Van Buren Mo.

19. (a) 8/7/47 (b) R. D. Murrell
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. McKeeter Jr (M. D. or other) MD

Address Poplar Bluff, Mo. Date signed 8-5-47

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

2
7
3

RECEIVED

District Health Office No. 2,

District File Number 847-1076

Date Filed 8-11-47

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 Seaton Dewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.