

Registration District No. **98** Primary Registration District No. **5370**

1. PLACE OF DEATH:
(a) County **Daviess**
(b) City or town **"Rural" Union Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 Miles South east Gallatin, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Daviess** **31**
(c) City or town **"Rural" Union Township**
(If outside city or town limits, write "RURAL")
(d) Street No. **4 Miles South East Gallatin**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME **Julia Ann Dunnington**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **---** 6. (c) Age of husband or wife if alive... years
7. Birth date of deceased **June 17 1947**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **25** year **1947** hour **3** minute **P.** M.
21. I hereby certify that I attended the deceased from **June 17** to **June 25**, 19**47**
that I last saw her alive on **June 23**, 19**47**
and that death occurred on the date and hour stated above.

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

Immediate cause of death **Patulous Foramen ovale**
Due to...
Due to...
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations **157E**
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace **Daviess County Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **(Infant)**

MOTHER FATHER
11. Industry or business
12. Name **Lindley Dunnington**
13. Birthplace **Daviess County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Viola Gage**
15. Birthplace **Gentry County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lindley Dunnington**
(b) Address **Gallatin, Mo.**
17. (a) **Burial** (b) Date thereof **6-27-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Brown Cemetery**

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 **Hope Funeral Home**
(b) Address **Gallatin, Missouri**
19. (a) **7-7-47** (b) **Virginia M Engelbert**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) Means of injury
23. Signature **loyd E. Nelson** (M, D (or other))
Address **Gallatin, Mo.** Date signed **6-26-47**

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

4

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 *L. P. Richeson*
Licensed Embalmer No. *3397*
P. O. Address *Hallsville, 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.