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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 83
Registrar's No. 16

Registration District No. 11 Primary Registration District No. 4024

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

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Purves Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Rural
(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 _____

3. (a) PRINT FULL NAME George Dunbar
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 12
year 1948 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from May 21 1946 to Jan. 12 1948
that I last saw him alive on Jan. 12 1948
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Inez H. Dunbar
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 16 1892
(Month) (Day) (Year)

Immediate cause of death Apoplexy
Due to Essential Hypertension
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Duration 11 days
3 years

8. AGE: Years Months Days If less than one day
55 9 26 _____ hr. _____ min.
9. Birthplace Davis City, Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation farmer

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER, FATHER {
11. Industry or business _____
12. Name George W. Dunbar
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Margaret A. Dooley
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Inez H. Dunbar
(b) Address Jenkins, Missouri
17. (a) Burial (b) Date thereof Jan 18, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maplewood Cemetery
18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Mo.
19. (a) Feb 10 - 1948 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

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? 2
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Chas. McDaniel
Address Cassville, Mo. Date signed 1/28/48

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.....

Paul D. Zembest....., Registered Apprentice No. *54*
working under my personal supervision.

Signed *Margaret Culver*.....
Licensed Embalmer No. *4389*.....
P. O. Address *Cassville*.....

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.