

No. 2  
12-45  
17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9443**

FILED APR 11 1948  
Registration District No. **277**

Primary Registration District No. **3045**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County **Mississippi**

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

(c) Name of hospital or institution:  
**Alva Renfro Nursing Home** **4**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 months**  
(Specify whether years, months or days)

In this community **10 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Albert Dunn**

3. (b) If veteran, name war: -----

3. (c) Social Security No. -----

4. Sex **Male** **2**

5. Color or race **Negro**

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: **April 15, 1907**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>40</b>	<b>11</b>	<b>20</b>	hr. min.

9. Birthplace: **Helena, Arkansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Farmer**

11. Industry or business: **Farming**

12. Name **Unknown** **9**

13. Birthplace: **"** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name: **"**

15. Birthplace: **"** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Henry Crenshaw**

(b) Address: **Welfare Office, Charleston, Mo.**

17. (a) **Burial** (b) Date thereof: **April 5, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Oak Grove Cemetery**

18. (a) Signature of funeral director: **I. S. Sparks**

(b) Address: **Charleston, Mo.**

19. (a) **4-8-48** **Mrs. John Bondurant**  
(Date received local registrar) (Registrar's signature) 1011

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mississippi** **67**

(c) City or town **Charleston (Rural)** **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Fish Lake Community** **0**  
(If rural, give location)

(e) Citizen of foreign country? **No** **0**  
(Yes or No)

If yes, name country: -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4**  
year **1948** hour **11:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Attended** **19**  
**Row Bowen**  
that I last saw **alive on** **no medical attendance**  
and that death occurred **no medical attendance**  
Duration

Immediate cause of death: **Hypertensive Heart Disease**

Due to: -----

Due to: **Cardio-renal-Vascular**

Other conditions: -----  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: -----

Of autopsy: **none** **937**

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): **none**

(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: **2**

Signature: **John P. Hummel**  
Address: **Charleston Mo.** Date signed **4/5/48**

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 448-477

Date Filed 4-12-48

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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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Capt. Grandeur

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.