

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36877

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 118520

Registration District No. 254

Primary Registration District No. 5867

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer (Rural)
(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 _____ (Specify whether _____)

In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME George Washington Dunkin

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 Savannah Dunkin

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased January 20 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	2	4	_____ hr. _____ min.

9. Birthplace Oregon County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Lewis McCorbin Dunkin

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

14. Maiden name Jane Roberds

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

16. (a) Informant Clora Dugkin

(b) Address Thayer, Mo.

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

(b) Date thereof 3/25/48
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Norman Carter
Thayer, Mo.

(b) Address _____

19. (a) 4-20-48 (Date received local registrar)

(b) Edick Krass (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

(c) City or town Thayer Star Route
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1948 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from March 15 48 to March 19 48
and that I last saw him alive on March 19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Asthenia

Due to General Asthenia

Due to Chronic Fibrous Laryngitis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

23. Signature Mitchell Blair (Specify type of place) _____
Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

Blair

RECEIVED

District Health Officer No. 5,

District File Number 548788

Date Filed 5-8-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.