S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26779

FILED SEP 1 1948

Registration District No. 456

Primary Registration District No. 2001

Registrar's No.

49
2
5

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Home.
(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 Jasper 49

(c) City or town Joplin. 9
(If outside city or town limits, write "RURAL")

(d) Street No. 730 Ohio St. 5
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Lydia M. Dunn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.M.

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. 6. 1865
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name John Sala 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Unknown
15. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Wentworth
(b) Address 5918 Legion Wichita Kan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-48
(Month) (Day) (Year)

(c) Place: burial or cremation Purcell, Mo.

18. (a) Signature of funeral director Goodson Funeral Home
(b) Address 200 S. Francis St. Picher, Okla.

19. (a) 8-27-48 (Date received local registrar) (b) Eds James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26th
year 1948 hour 1.55 A. M. minute M.

21. I hereby certify that I attended the deceased from Aug 25th 17 1948 Aug 26 1948
that I last saw her alive on Aug 25 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	2 mos
Due to Uremic Coma	
Due to Chronic Myocardial heart disease	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Jay E Myers MD (M. D. or other)

Address 708 Frisco Bldg Joplin Mo Date Aug 27-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-8-739

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.