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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29373

State File No. _____

Registration District No. 103

Primary Registration District No. 4175

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: 3
(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 Mo (b) County Franklin

(c) City or town Arbyrd
(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 _____

3. (a) PRINT FULL NAME TUPLE. DELORES. DUNIVAN.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21
year 1948 hour 3 minute 15 P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Velma Dunivan

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Sept 22 1907
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

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

40 10 30 hr. _____ min.

Immediate cause of death Broken Neck Duration _____

9. Birthplace Pemissett County Mo
(City, town, or county) (State or foreign country)

Due to Turning over in truck

Due to Accidental

10. Usual occupation Tramming

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

11. Industry or business _____

Major findings:
Of operations _____

Of autopsy 170 C-8
24

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

12. Name John Dunivan

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

14. Maiden name Edith Yanna

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

16. (a) Informant Mrs Tuple Dunivan

(b) Address Arbyrd Mo. R. 3 B #1

17. (a) _____ (b) Date thereof 9-26-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lula Luu

18. (a) Signature of funeral director W. T. Encison

(b) Address Louisiana Ark

19. (a) 9-22-1948 (b) Beth Kinsalogle
(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) Accidental

(b) Date of occurrence Aug. 21st, 1948

(c) Where did injury occur? Hi-way S. Caruth Mo.
(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 Coroner

23. Signature Walter A. Hauffman (Seal of Registrar)

Address Pemissett Mo Date signed 9-18-48

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 948-472

Date Filed 9-14-48

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

W. H. Howard

Licensed Embalmer No.

3959

P. O. Address

Leachville, Ark

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.