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. 30572

FILED OCT 13 1948

Registration District No. 273

Primary Registration District No. 5920

Registrar's No. 67

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

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Union
(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 71-9-22
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(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? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nettie Grey Dunn

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Columbus Dunn

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

7. Birth date of deceased December (Month) 11 (Day) 1876 (Year)

8. AGE: Years 71 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Rufus A. Clifton
13. Birthplace Perry Co (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Susan Clifton
15. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Frank Martin
(b) Address Menfro Mo. RFD #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Eureka Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) 10-6-48 (Date received local registrar) (b) Jos J Zoellner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3
year 1948 hour 5 minute 15 P M.

21. I hereby certify that I attended the deceased from 1945 19 to 1975 1948
that I last saw her alive on 9/28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Arterio Sclerosis

Due to Nephritis Chronic

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? 1 (e) Means of injury 2

23. Signature [signature] (M. D. or other) DO

Address Perryville Date signed 10-5-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

250
0

RECEIVED
...rict Health Officer No. 4
...ict File Number 1048-127
Date Filed 10-12-48

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 Edwardley Young

Licensed Embalmer No. 2138

P. O. Address Perryville Mo

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.