

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

5806
Do not use this space.

1. PLACE OF DEATH
 (a) County Barry Registration District No. 30
 (b) Township Kings Prairie 2 Primary Registration District No. 5042 Registered No. 18
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Flemming R. Dummitt
 (a) Residence, No. Monett, R. 7 D. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary L. Dummitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 - 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>80</u>	<u>9</u>	<u>6</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. Farmer.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation... 5 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER

13. NAME H. C. Dummitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER

15. MAIDEN NAME Tranqualar Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Bert Dummitt
Dallas Texas.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Kings Prairie DATE July 10 1940

19. FUNERAL DIRECTOR (ADDRESS) Blankenship
Monett, Purdy.

20. FILED 2-16- 1940 W. M. West
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 1940

22. I HEREBY CERTIFY, that I attended deceased from Feb. 4 1940, to Feb. 9 1940
 I last saw him alive on Feb. 9 1940 Death is said to have occurred on the date stated above, at 5:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 2-4-40
Influenza 2-4-40

Other contributory causes of importance:
Influenza

Name of operation None Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Fred W. Hargrave M. D.
 (Signed) Fred W. Hargrave
 (Address) 323 1/2 Bradley St, Monett, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 340-812

Date Filed MAR 11 1940

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No. 2397

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed L. H. Blankenship

Licensed Embalmer No.

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.)