

FILED MAR 8 1943 128

Registration District No. ~~313~~

Primary Registration District No. 2000

185

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

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: Springfield

(c) Name of hospital or institution: 619 S. Clay

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 53 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield (If outside city or town limits, write "RURAL")

(d) Street No.: 619 S. Clay (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Patrick Dunn

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 25 year: 1943 hour: 5 minute: 30 a.m.

21. I hereby certify that I attended the deceased from 2/1/43 19... to 2/25/43 19... that I last saw him alive on 2/18/43 19... and that death occurred on the date and hour stated above.

4. Sex: Male

5. Color or race: White

6. (g) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Mary Dunn

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

7. Birth date of deceased: March 1 1856 (Month) (Day) (Year)

Immediate cause of death: Arterio-sclerosis

Duration: ?

Due to: 9M

Other conditions: Senility (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>86</u>	<u>11</u>	<u>24</u>	hr. min.

9. Birthplace: Dublin (City, town, or county) Inealand (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Merchant

MOTHER FATHER

12. Name: Unknown

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

14. Maiden name: Unknown

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

16. (a) Informant: Elizabeth Dunn

(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 26, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Mary

18. (a) Signature of funeral director: H. H. Lonmeyer

(b) Address: Springfield, Mo.

19. (a) 2-26-43 (Date received local registrar) (b) H. H. Lonmeyer (Registrar's signature)

Major findings: Of operations

Of autopsy: _____

PHYSICIAN: _____

Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury: _____

23. Signature: J. B. Lemmon (M. D. or other) M.D.

Address: Springfield, Mo. Date signed: 2-25-43

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 *Wells & Hamelton*.....

Licensed Embalmer No. *3808*.....

P. O. Address *Springfield 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.