

Registration District No. **129**

Primary Registration District No. **5180**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **Rural Sharnsee Tp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D.#1 Cape Girardeau, Mo.
(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 **1**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape**
(c) City or town **Cape Girardeau, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D.#1** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Dunn**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Eliza E. Dunn** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 10 1852**
(Month) (Day) (Year)

8. AGE: Years **89** Months **0** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **Neelyslanding, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

12. Name **Leander Dunn**

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

14. Maiden name **Sarah King** (City, town, or county) (State or foreign country)

15. Birthplace **Virginia** (City, town, or county) (State or foreign country)

16. (a) Informant **Curtis Dunn**

(b) Address **R.F.D.#1 Cape Girardeau, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 18 1941** (Month) (Day) (Year)

(c) Place: burial or cremation **Iona Cemetery**

18. (a) Signature of funeral director **L.L. Haman**

(b) Address **Cape Girardeau, Mo.**

19. (a) **July 22 - 41** (Date received local registrar) (b) **L. J. Schorn** (Registrar's signature)

20. DATE OF DEATH: Month **7** day **16** year **1941** hour **4** minute **30 P.M.**

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Hemiplegia (Apoplexy) Senility Arterio-Sclerosis**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN **JZN**
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 **Arthur M. Bates** (M. D. or other) _____
Address **J. Gibson** Date signed **7-21-41**

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

16
00

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, ~~only~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Earl J. Smith

Licensed Embalmer No. *3676*

P. O. Address *Cape Girardeau*

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.