

FILED FEB 11 1942

Registration District No. 823

Primary Registration District No. 6071

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County: Shannon  
(b) City or town: Rural, Annona Twp  
(c) Name of hospital or institution: 1  
(If outside city or town limits, write "RURAL" and name of township)  
(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: Shannon  
(c) City or town: Rural, Annona Twp  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: William Jesse Calvin Dunning  
3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 26  
year 1941 hour 2 minute 0 M.  
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.  
Immediate cause of death: Apoplexy

4. Sex: MO 5. Color or race: W  
6. (a) Single, widowed, married, divorced: married  
6. (b) Name of husband or wife: Elizabeth Dunning  
6. (c) Age of husband or wife if alive: 64 years  
7. Birth date of deceased: April 30 - 1876  
(Month) (Day) (Year)

Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 91 Months 7 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace: 1 Ohio (City, town, or county) (State or foreign country)  
10. Usual occupation: Farmer

11. Industry or business \_\_\_\_\_  
12. Name: Jesse J Dunning  
13. Birthplace: 1 Ohio (City, town, or county) (State or foreign country)  
14. Maiden name: Minerva Neal  
15. Birthplace: 1 Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: John Dunning  
(b) Address: Annona Mo  
17. (a) Rural (Burial, cremation, or removal) (b) Date thereof: 12-22-41 (Month) (Day) (Year)  
(c) Place: burial or cremation: Rural Country  
18. (a) Signature of funeral director: nmw  
(b) Address: \_\_\_\_\_

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: 0  
23. Signature: Frank Hyde (M. D. or Other) \_\_\_\_\_  
Address: Quincy Mo Date signed: 12-26-41

19. (a) 12-26-41 (Date received local registrar) (b) Frank Hyde (Registrar's signature)

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

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RECEIVED

District Health Officer No. 8,

District File Number 14218

Date Filed \_\_\_\_\_

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**