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5-17-39
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5948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 18 1948

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County ST. FRANCOIS

(b) City or town BONNE TERRE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BONNE TERRE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 DAYS
(Specify whether years, months or days)

In this community 66 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. FRANCOIS

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

(d) Street No. 511 WEST COLLEGE
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME LOURIE GLENN WUNNING

3. (b) If veteran, name war NO

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 1st, year 1948, hour 8 minute - A. M.

21. I hereby certify that I attended the deceased from Jan 21 1948 to Feb 1 1948; that I last saw him alive on Jan 31 1948; and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

6. (b) Name of husband or wife CHARLES WUNNING 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased DEC 5 1882
(Month) (Day) (Year)

Immediate cause of death cerebral hemorrhage Duration 10 da

8. AGE: Years 65 Months 1 Days 26 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace St. Genevieve Co. Mo.
(City, town, or county) (State or foreign country)

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation HOUSEWIFE

Major findings: Of operations none Of autopsy none

PHYSICIAN None
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER

12. Name IGNATIUS TURLEY

13. Birthplace St. Genevieve Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name ELIZA THURMAN

15. Birthplace St. Genevieve Co. Mo.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant CHARLES WUNNING

(b) Address FARMINGTON, MISSOURI

17. (a) BURIAL (b) Date thereof 2/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

While at work? _____ (Specify type of place) (c) Means of injury 0

(c) Place: burial or cremation PARK VIEW CEMETERY FARMINGTON, MISSOURI

18. (a) Signature of funeral director Edward J. Sawyer

(b) Address Leadwood Mo.

19. (a) 2-3-48 (b) Ethel Rudloff
(Date received local registrar) (Registrar's signature)

23. Signature D. L. Walker (M. D. or other) Address Farmington, Mo. Date signed 2-4-48

RECEIVED

District Health Officer No. 4

District File Number 248-22

Date Filed 2-17-48

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

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.