

OHIO DEPARTMENT OF HEALTH

COLUMBUS

CERTIFICATE OF DEATH

Department of Commerce—Bureau of the Census

Reg. Dist. No. 175
Primary Reg. Dist. No. 8073State File No. 15640
Registrar's No. 345

1. PLACE OF DEATH: (a) County <u>Clark</u> (b) <u>Springfield</u> <small>(City, Village, Township)</small> (c) Name of hospital or institution: <u>2201 Elmwood Ave.</u> <small>(If not in hospital or institution, write street No. or location)</small> (d) Length of stay: In hospital or institution _____ <small>(Days)</small> In this community <u>58</u> <small>(Years, months or days)</small>	2. USUAL RESIDENCE OF DECEASED: (a) State <u>Ohio</u> (b) County <u>Clark</u> (c) City or village <u>Springfield</u> <small>(If outside city or village, write RURAL)</small> (d) Street No. <u>2201 Elmwood Ave.</u> <small>(If rural, give location)</small> (e) If foreign born, how long in U. S. A.? _____ years.
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3. FULL NAME <u>Joseph E. Dunn</u>	
(a) If veteran, name war _____	(b) Social Security No. <u>301-09-6331</u>
4. Sex <u>M.</u>	5. Color or race <u>W.</u>
6. (b) Name of husband or wife <u>Katherine</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
7. Birth date of deceased <u>Apr. 11 1985</u> <small>(Month) (Day) (Year)</small>	6. (c) Age of husband or wife if alive _____ years

8. AGE: Years	Months	Days	If less than one day
<u>58</u>	<u>11</u>	<u>8</u>	hr. min.

9. Birthplace <u>Springfield Ohio</u> <small>(City, town, or county) (State or foreign country)</small>
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10. Usual occupation <u>Timekeeper R-N. Co.</u>

11. Industry or business _____

12. Name <u>Charles Dunn</u>

13. Birthplace <u>Ireland</u> <small>(City, town, or county) (State or foreign country)</small>
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14. Maiden name <u>Ellen Campion</u>

15. Birthplace <u>Ireland</u> <small>(City, town, or county) (State or foreign country)</small>
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16. (a) Informant's signature <u>Mrs. Katherine Dunn</u>
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(b) Address <u>1201 Elmwood Ave</u>

17. (a) Burial, cremation, or other: (b) Date <u>Mar. 23 1944</u> <small>(Month) (Day) (Year)</small>
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(c) Place <u>Galvary Cemetary</u>

(d) <u>Richard O. Price</u> <u>3573</u> <small>(Name of Embalmer) (Lic. No.)</small>

18. (a) <u>John R. Fenway</u> <u>3021</u> <small>(Signature of Funeral Director) (Lic. No.)</small>
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(b) Address <u>1002 E. High St</u>

19. (a) <u>3/27/44</u> (b) <u>R. P. Richardson</u> <small>(Date received local registrar) (Registrar's signature)</small>
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MEDICAL CERTIFICATION	
20. Date of death: Month <u>19</u> day <u>March</u> year <u>1944</u> hour <u>11.48</u> minute <u>A.M.</u>	

21. I hereby certify that I attended the deceased from <u>March 19</u> to <u>March 19</u> , 19 <u>44</u> that I last saw <u>him</u> alive on <u>March 19</u> , 19 <u>44</u> and that death occurred on the date and hour stated above.	Duration
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Immediate cause of death <u>Coronary occlusion</u>	<u>15 minutes</u>
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Due to _____	
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Due to _____	
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Other conditions <u>(include pregnancy within 3 months of death)</u>	
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Major findings of operation _____	
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Major findings of autopsy _____	
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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) _____
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(b) Date of occurrence _____

(c) Where did injury occur? _____ <small>(City or Village) (County) (State)</small>
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(d) Did injury occur in or about home, on farm, in industrial place, in public place? <u>no</u>

(e) How did injury occur? _____

While at work? _____

(c) How did injury occur? _____

23. Signature <u>Arthur R. Oslen MD</u> <small>(Specify if Doctor of Medicine or Osteopathy)</small>

Address <u>145 W High St</u> Date signed <u>3-22-44</u>

Mother/Father