

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

# 34736

Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City, Mo. (d) Street No. St. Mary's Hospital Registered No. 40722  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

50 Mabel L. Dunham.  
 (a) Residence, No. 828 W. 39 St. Terrace. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Widow  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Clayton Dunham  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** August 1, 1878  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 2 17  
**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** Housewife  
**9. Industry or business in which work was done, as saw mill, bank, etc.**  
**10. Date deceased last worked at this occupation (month and year)** **11. Total time (years) spent in this occupation**  
**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Kansas  
**13. NAME** Henry C. Carter  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ohio  
**15. MAIDEN NAME** Ella Butts  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ohio  
**17. INFORMANT (ADDRESS)** Mrs Margaret Rhodes  
Niodesha, Kans.  
**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Forest Hill DATE Oct. 10, 1938  
**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** Mrs. C. L. Forster.  
918 Brooklyn.  
**20. FILED** Oct. 19, 1938 M. J. Crowe  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Oct. 18, 1938, 1938  
**22. I HEREBY CERTIFY, That I attended deceased from**  
9:30, 1938, 10:15, 1938  
 I last saw him/her alive on 10:18, 1938. Death is said to have occurred on the date stated above, at 1:25 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma Bladder  
Tuberculosis  
 Date of onset 50 yrs.  
 Other contributory causes of importance:  
 Name of operation Autopsy Date of 1938  
 What test confirmed diagnosis? Autopsy Was there an autopsy?  
**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
**24. Was disease or injury in any way related to occupation of deceased?**  
 If so, specify No  
 (Signed) Ross L. Brown, M. D.  
 (Address) 1101 1/2 Prof. Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Chas. J. ...*

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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, above space should be left blank.**