

FILED FEB 7 1940

Registration District No. 409 Primary Registration District No. 4241 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Cantonville
 (c) Name of hospital or institution: 300 S. Jefferson
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 28 years
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Cantonville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 300 S. Jefferson
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME NEWTON I. DUNHAM

8. (b) If veteran, name war Unknown 8. (c) Social Security No. Unknown

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 24 1867
 (Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Canton Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Tristerman

11. Industry or business _____

MOTHER FATHER { 12. Name John Dunham
 13. Birthplace Madison Missouri
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name No data
 15. Birthplace No data
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____
 (b) Address _____

17. (a) Burial (b) Date thereof Jan. 11 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cantonville, Mo.

18. (a) Signature of funeral director Wedge Nelson
 (b) Address West City, Mo. 310

19. (a) Jan. 11-1940 (b) J. W. Clark
 Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9
 year 1940 hour 8 minute 40 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on January 9, 1940.
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart
Block

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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 A. H. Winchester M.D. or other _____
 Address Joplin, Mo. Date signed 1-9-40

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.

RECEIVED

District Health Officer No. 6,

District File Number 240-318

Date Filed FEB 6 1940

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.....

E. M. Hedger

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. M. Hedger

Licensed Embalmer No. 2859

P. O. Address St. Paul, Minn.

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.