

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.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

15422

Do not use this space.

1. PLACE OF DEATH

(a) County McDonald
(b) Township Pineville
(c) City or
(e) Length of residence in city or town where death occurred yrs. mos. ds.

2 Registration District No. 1149
Primary Registration District No. 5698
Street No. 0
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 3

2. PRINT FULL NAME

550 Ralph W. Dunham
(a) Residence, No. Noel Missouri. RFD. 2 St. Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May B. Dunham
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1865
7. AGE YEARS 74 MONTHS 8 DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Rock Island (STATE OR COUNTRY) Ill.

13. NAME Cornelius Dunham

14. BIRTHPLACE (CITY OR TOWN) Vermont (STATE OR COUNTRY)

15. MAIDEN NAME Mary Buswell

16. BIRTHPLACE (CITY OR TOWN) Vermont (STATE OR COUNTRY)

17. INFORMANT Mrs May Dunham (ADDRESS) Noel Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson DATE 4-12-40

19. FUNERAL DIRECTOR (NAME) J. D. Snow, Tatum, Funeral (ADDRESS) Anderson, Mo. Home

20. FILED 4-12-40 1940 Lee & Carter Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1940

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1940, to April 9, 1940. I last saw him alive on April 9, 1940. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Date of onset 824

Other contributory causes of importance:

Name of operation Chenier Date of 5
What test confirmed diagnosis? Chenier Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 5, 1940
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) W. H. Norton M. D.
Address Pineville, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 540-1297

Date Filed MAY 13 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

M. W. Snow

Licensed Embalmer No. 4034

P. O. Address Anderson, Mo.

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.