

No. 2
-11-10-39
-5-17-39
-1 X21492

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9615
State File No. 1024
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Jackson City
(c) Name of hospital or institution: St. Lukes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community Non-Resident
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell
(c) City or town Hamilton
(d) Street No. 401 Kingston St.
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 12
year 1941 hour 11:00 minute P M.
21. I hereby certify that I attended the deceased from 3-9-41
1941, to 3-12-41, 1941;
that I last saw him alive on 3-12-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction
Decompensation
Due to Progressive rt leg
(Arterio sclerotis)
Other conditions: 92%
(Include pregnancy within 8 months of death)
Major findings: Progressive rt leg
Of operations: Myocardial Infarction
Of autopsy: Decompensation

Duration
yes
who
days
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME Dave Dunham

3. (b) If veteran, name war _____ 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Dunham 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased 2 25 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 15 If less than one day hr. _____ min.

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

10. Usual occupation Retired Barber

11. Industry or business _____

MOTHER FATHER { 12. Name Erin Dunham
18. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Jones
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant James D Dunham
(b) Address Weatherway MO

17. (a) Removal (b) Date thereof, (Month) (Day) (Year)
(c) Place: burial or cremation Hamilton

18. (a) Signature of funeral director Drayton
(b) Address Hamilton MO

19. (a) Mar 12 1941 (b) M. B. Crowe
(Date received by registrar) (Registrar's signature)

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 0
23. Signature W. S. Kuhn (M. D. or other)
Address 1103 Grand X. Blvd Date signed 4/14/41

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

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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.