

APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 10804Registration District No. 322Primary Registration District No. 0218Registrar's No. 1670

1. PLACE OF DEATH:

(a) County Holt
 (b) City or town Mound City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

8. (a) PRINT

FULL NAME Amanda Belle Dunham

8. (b) If veteran,

name war _____

8. (c) Social Security

No. _____

4. Sex Female

5. Color or

race White

6. (a) Single, widowed, married,

divorced married

6. (b) Name of husband or wife

Ira Dunham

6. (c) Age of husband or wife if

alive 72 years7. Birth date of deceased April 5th, 1856
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

841019

hr.

min.

9. Birthplace Barian Springs
(City, town, or county)Mich.
(State or foreign country)10. Usual occupation House work

11. Industry or business

12. Name Venrenslaer Cromer13. Birthplace N.Y.
(City, town, or county) (State or foreign country)14. Maiden name Macy Hide15. Birthplace N.Y.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature H. Chester Kay(b) Address Pleasanton Kansas17. (a) Burial (b) Date thereof Mar 25 41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mound City, Mo.18. (a) Signature of funeral director J. H. Crawford(b) Address Mound City, Mo.19. (a) 3-25-41 (b) J. H. Crawford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
 (c) City or town Mound City
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1941 hour 2 minute 2 M.21. I hereby certify that I attended the deceased from and
14 - 1940 to March 24 1941
that I last saw her alive on March 23 1941
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma
of Urinary bladder Duration 1 year

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

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 F. E. Hogan (M. D. or other) 1
Address Mound City, Mo. Date signed 3-25-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

W. H. Crawford

Licensed Embalmer No. *1824*

P. O. Address.....

Mound City 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.