

FILED JUL 10 1941 85

Registration District No. \_\_\_\_\_

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)  
In this community 69 Years 1 Mo. 21 days

3. (a) PRINT FULL NAME WALTER LEE DUNHAM

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ina Dunham 6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased April 23rd. 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 1 21 hr. min.

9. Birthplace Buchanan County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Horse & Mule dealer

11. Industry or business \_\_\_\_\_

12. Name James Dunham  
13. Birthplace unknown Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Helen Crook  
15. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Ina Dunham  
(b) Address 1503 Savannah Ave. St. Joseph

17. (a) Burial (b) Date thereof 6--16--41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph Mo.

19. (a) June 16 1941 (b) A. J. Smith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1503 Savannah Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th.  
year 1941 hour 5 minute 55 A.M.

21. I hereby certify that I attended the deceased from June 13  
1941, to June 14 1941  
that I last saw him alive on June 14 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 7 hrs.  
Hypertension & Arterio-sclerosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: No oper.  
Of operations No autopsy  
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? 85  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
While at work? M. H. Talty

23. Signature M. H. Talty (M. D. or other) Min. D.  
Address 508 Carby Bldg. St. Joseph Mo. Date signed 6-16-41

**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.....

*Carl W. Hause*

Licensed Embalmer No. \_\_\_\_\_

*3955*

P. O. Address.....

*St Joseph, 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, fact should be so stated above.**