

FILED AUG 11 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:  
1209 North 13  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution life (Specify whether)  
In this community life years, months or days

3. (a) PRINT FULL NAME Frank LeRoy 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 single

6. (b) Name of husband or wife / 6. (c) Age of husband or wife if

7. Birth date of deceased Oct. 28 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 8 24 hr. min.

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

10. Usual occupation Child

11. Industry or business

12. Name Unknown 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Clara May Anderson

15. Birthplace Sheridan Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara May Dunham

(b) Address 1209 N. 13 St. St. Joseph Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/24/41  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Heaton-BeGole Bowman

(b) Address St. Joseph, Mo.

19. (a) July 24, 1941 (Date received by local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 011  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1209 North 13 St. 7  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
year 1941 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 23 1941 to July 23 1941  
that I last saw him alive and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 1 day

Due to Dysentery and heart. 1 week

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

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 3

23. Signature H. F. Mundy (or others) Coroner  
Address 104 So 3d Date signed 7/27/41

**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 July 22

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

Signed

W. L. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10 St Joseph

**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.**