

Registration District No. 201

Primary Registration District No. 5280

Registrar's No. 77

1. PLACE OF DEATH:

(a) County. Clay
(b) City or town. Rural Liberty Mo
(c) Name of hospital or institution. 2007 Home Hosp
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution. 2 mo (Specify whether years, months or days)
In this community. 2 mo

3. (a) PRINT FULL NAME

Jay Dunham
3. (b) If veteran, name was no 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife. unknown 6. (c) Age of husband or wife if alive 26 years (Month) (Day) (Year)
7. Birth date of deceased. Jan 26 - 1866 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 8 min.

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

10. Usual occupation farmer

11. Industry or business

12. Name J. H. Dunham

13. Birthplace Mo (City, town, or county) (State or foreign country)

14. Maiden name Mary E. Newson

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

16. (a) Informant Paul H. Rogers

(b) Address 243 Liberty Mo

17. (a) Buried (b) Date thereof Aug 5 - 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Fulton Mo

18. (a) Signature of funeral director. Chas. Archer

(b) Address Liberty Mo

19. (a) Aug 6 - 1941 (b) Helen Early (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 014
(c) City or town Fulton 2
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1941 hour 12 minute N A.M.

21. I hereby certify that I attended the deceased from May 4, 1941, to Aug 4, 1941
that I last saw him alive on Aug 3, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Anomorphia lateral 10576
Duration 2 years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 821

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 J. H. Matthews (M. D. or other)

Address Liberty Mo Date signed 8/4/41

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

17-9-6

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.....

Edgar Archer

Licensed Embalmer No.

3311

P. O. Address.....

Liberty, 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.