

FILED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29617

Do not use this space.

Registered No. 19725

1. PLACE OF BIRTH

(a) County TexasRegistration District No. 868(b) Township ShenellPrimary Registration District No. 6149(c) City 1(d) Street No. 1 St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charlotte Dunham(a) Residence, No. 1 St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 1 f 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Ezra Dunham6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 18977. AGE YEARS 44 MONTHS 3 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug 194111. Total time (years) spent in this occupation 2412. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Mo13. NAME John Tillote14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known England15. MAIDEN NAME Ella Huffman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leoma Mo17. INFORMANT Ezra Dunham
(ADDRESS) Kimberly Mo18. BURIAL, CREMATION, OR REMOVAL Phelps Co. Cemetery DAY Aug 31 194119. FUNERAL DIRECTOR (NAME) Smith & Ferguson
(ADDRESS) Highway 1 Mo20. FILED 8/30 1941 7/10 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 194122. I HEREBY CERTIFY, That I attended deceased from Aug 29 1941, to Aug 29 1941I last saw him alive on Aug 29 1941. Death is saidto have occurred on the date stated above, at 8:30 pm.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Other contributory causes of importance: 101

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) L. E. Anderson M. D.(Address) Linking Mo

SEP 8 1941

FEB 21 1944

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.