

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36294

FILED NOV 6 1941
Registration District No. 831

Primary Registration District No. 4504

Registrar's No. 25

1. PLACE OF DEATH:

(a) County SHELBY
(b) City or town SHELBYVILLE SUMMIT
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME CLAUDE E. DUNHAM
3. (b) If veteran, name war WORLD WAR 3. (c) Social Security No. 491-16-9623

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ADDIE H. DUNHAM 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased JULY 9, 1899
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 14 If less than one day hr. min.

9. Birthplace REDDINGTON, NEBR.
(City, town, or county) (State or foreign country)

10. Usual occupation TIME KEEPER
W. P. H.

11. Industry or business

12. Name JOHN H. DUNHAM
Mo.

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

14. Maiden name RISING SUN, IND.
(City, town, or county) (State or foreign country)

15. Birthplace ADDIE V. DUNHAM
(City, town, or county) (State or foreign country)

16. (a) Informant PARIS, MO.
(b) Address

17. (a) BURIAL (b) Date thereof OCT. 27, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE
Speed Valley
PARIS, MO.
(d) Signature of funeral director
(e) Address
(f) Date received local registrar OCT 29 41 (Registrar's signature) Paul Lee

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 10 MI. N. OF PARIS
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 25
year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden death Duration
Was dead upon arrival
Apparently coronary
Due to arteriosclerosis No previous
illness except for past few
Due to months' symptoms of what he
thought to be indigestion
Other conditions 7 radial or temporal sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94a
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?

(Specify type of place)
While at work? (e) Means of injury
23. Signature R. G. Brewer (M. D. or other)
Address Shelbyville Mo. Date signed 10-27-41

NOV 6 1941

DEC 29 1941

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

A. B. Blakey

Licensed Embalmer No.

2614

P. O. Address

PASIS, 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.