

FILED JAN 7 1943

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

42237

## 1. PLACE OF DEATH

(a) County Texas Registration District No. 86830  
 (b) Township Stearns Primary Registration District No. 61496196  
 (c) City Stearns (d) Street No. 1 Registered No. 101  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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 (Usual place of abode, if no street address, write county or city) St. TX (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Egna Dunham</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 24, 1897</u>		
7. AGE <u>44</u>	YEARS <u>3</u>	MONTHS <u>5</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		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) <u>Dec 1940</u>		11. Total time (years) spent in this occupation <u>24</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chillicothe Mo</u>		
13. NAME <u>John Tillote</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
15. MAIDEN NAME <u>Ella Hoffman</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lafayette Mo</u>		
17. INFORMANT (ADDRESS) <u>Egna Dunham</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Cem</u> DATE <u>Aug 31, 1941</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Smith &amp; Engle</u>		
20. FILED <u>8/30</u> , 19 <u>41</u> <u>St. Louis</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Aug 29, 1941</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 29</u> , 19 <u>41</u> , to <u>Aug 29</u> , 19 <u>41</u> . I last saw him alive on <u>Aug 29</u> , 19 <u>41</u> . Death is said to have occurred on the date stated above, at <u>8:10 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Broncho Pneumonia</u> <u>Spontaneous</u> <u>107</u>
Other contributory causes of importance: <u>Chronic appendicitis</u>	
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) <u>Dr. J. H. Randall</u> , M. D. (Address) <u>St. Louis</u>	

Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No 5:

District File No.

1434

Date Filed

1-6-42

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.....

Embert E. Ferguson

Licensed Embalmer No.....

3945

P. O. Address.....

Lucas, 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, above space should be left blank.