

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Oak Grove
(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
(Specify whether
In this community
years, months or days)

8. (a) PRINT FULL NAME Mary Elizabeth Dunham

8. (b) If veteran, name war
8. (c) Social Security No. 722

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Samuel Dunham 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased Dec 11 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 0 24 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Blainford Jones
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Maria Morgan
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Opal Mc Coy
(b) Address Oak Grove
17. (a) Removal (b) Date thereof Jan 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant Cemetery
18. (a) Signature of funeral director Robert Arnold
(b) Address Creighton Mo
19. (a) (b) Wysa Plant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Creighton (If outside city or town limits, write "RURAL")
(d) Street No. none (If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5th
year 1942 hour 1:30 minute P M.
21. I hereby certify that I attended the deceased from Jan 26, 1942
to Jan 5, 1942
that I last saw her alive on Jan 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the bladder
Duration 1936

Due to Stone in the bladder 1934

Due to 528

Other conditions Metastasis into the abdominal viscera
(Include pregnancy within 3 months of death)
Major findings: Metastasis into colon, uterus and abdomen
Of operations none
Of autopsies none
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) no
(b) Date of occurrence 0
(c) Where did injury occur? none (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) (a) Means of injury 0
23. Signature R. Linton (M. D. or other)
Address Oak Grove, Mo Date signed Jan 5 1942

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

Robert Arnold

Licensed Embalmer No. *3621*

P. O. Address *Craghton, 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.