

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13603

State File No. ....

Registration District No. **15**

Primary Registration District No. **4036**

Registrar's No. ....

1. PLACE OF DEATH:

(a) County **Bates**  
(b) City or town **Rich Hill**  
(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 **25 years** (Specify whether years, months or days)  
In this community **25 years**

3. (a) PRINT FULL NAME **Effa Martin Dunham**

3. (b) If veteran, name war **X** 3. (c) Social Security No. ....

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married **married**  
divorced

6. (b) Name of husband or wife **Mary Louise** 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **October 25th 1886**  
(Month) (Day) (Year)

8. AGE: Years **52** Months **5** Days **18** If less than one day hr. min.

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **retired lumberman**

11. Industry or business

12. Name **A.M. Dunham**

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

14. Maiden name **Jessie Dunham**

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

16. (a) Informant **Mrs. E.M. Dunham**

(b) Address **Pine st. Rich Hill Mo.**

17. (a) **Burial** (b) Date thereof **4/15/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn Cemetery**

18. (a) Signature of funeral director **Booths**

(b) Address **Rich Hill Missouri**

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates**  
(c) City or town **Rich Hill Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) **No**  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **12**  
year **1943** hour **9:05 PM** minute M.

21. I hereby certify that I attended the deceased from **Jan 1943** to **Apr 12 1943**  
that I last saw him alive on **Apr 12 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary tuberculosis**

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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) (c) Means of injury

23. Signature **E. M. Dunham** (M. D. or other)

Address **Rich Hill Mo** Date signed **4/15/43**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 7  
District File Number 4-43-210  
Date Filed 5-7-13

### 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

*John G. Underwood*

Licensed Embalmer No. 3585

P. O. Address: Butler Missouri

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13603  
Registrar's No. \_\_\_\_\_

Registration District No. 25

Primary Registration District No. 4036

1. PLACE OF DEATH:

- (a) County Bates  
(b) City or town Rich Hill  
(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 \_\_\_\_\_ (Specify whether)  
In this community 20 yrs years, months or days

3. (a) PRINT FULL NAME Effe M. Dunham

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race m 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 25 - 1884  
(Month) (Day) (Year)

8. AGE: Years 5-2 Months 5- Days \_\_\_\_\_ (If less than one day) min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) Apr 16 1943 (b) Mr. P. H. Farrow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

