

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED JAN 5 1944

Registration District No.

Primary Registration District No.

1000

41588

1386

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: State Mental H. 3.2
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 3 wks 5 days
(Specify whether years, months or days)
In this community same

3. (a) PRINT FULL NAME William O'Dell Dunham

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Haney Catherine Dunham 6. (c) Age of husband or wife if deceased 21 years
7. Birth date of deceased Mar 1 1852
(Month) (Day) (Year)

8. AGE: Years 91 Months 9 Days 20 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name William H Dunham MD
13. Birthplace New Jersey (City, town, or county) (State or foreign country)
14. Maiden name Martha K. Kelly
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Records
(b) Address State Mental Hospital
17. (a) Removal (b) Date thereof 12-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Michigan Cemetery

18. (a) Signature of funeral director Joe E. Wheeler
(b) Address Anthony 3225
19. (a) 12-21-43 (b) Rose Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31 year 1943 hour 9-50 minute 7 M.

21. I hereby certify that I attended the deceased from 11/23/43 to 12/21/43 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial
Severely
Due to Severely
Due to

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Sclerosis
Of operations
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?

While at work (Specify type of place) (a) Means of injury

23. Signature William H Dunham (M. D. or other)
Address St. Joseph, Mo Date signed 12/4/43

FEB 16 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, fact should be so stated above.