

FILED JAN 5 1943

Registration District No. _____

Primary Registration District No. **5392**

1. PLACE OF DEATH:

(a) County Dent
 (b) City or town Watkins Typ
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
X
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution X (Specify whether
 In this community most of his life (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent **23**
 (c) City or town Rural Watkins Township **0**
 (If outside city or town limits, write "RURAL")
 (d) Street No. X (If rural, give location)
 (e) Citizen of foreign country? X (Yes or No)
 If yes, name country X **0**

3. (a) PRINT FULL NAME Leslie F. Dunham

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

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

6. (b) Name of husband or wife Zada Dunham 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Nov 16 1881
 (Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 4 If less than one day
 hr. min.

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

10. Usual occupation farmer

11. Industry or business X

12. Name Isaac Dunham

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

14. Maiden name Merlie Andrews

15. Birthplace Salem Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Mama Dunham

(b) Address Anutt Mo

17. (a) burial (b) Date thereof 12/22/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anutt Mo

18. (a) Signature of funeral director Chas. J. Spencer

(b) Address Salem Mo

19. (a) 12-21-43 (b) J. S. Stueder
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
 year 1943 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Jan 14, 1943, to Nov 15, 1943

that I last saw him alive on Nov 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot Duration

Suicide
Place gun in mouth
 Due to Had Insanity
at time

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 164c PHYSICIAN

Of autopsy NO 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) (e) Means of injury ✓

23. Signature J. S. Stueder (M. D. or other)

Address Salem Mo Date signed 12-22-43

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

300

RECEIVED

District Health Officer No. 5,

District File Number. 1448

Date Filed 1-4-44

MAR 6 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 Carl H. Spencer

Licensed Embalmer No. 2370

P. O. Address Salem, 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.