

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15307

FILED APR 28 1944

Registration District No. 2

Primary Registration District No. 5837

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Camp Crowder, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Camp Crowder, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year 8 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Melvin L. Dunham

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Opal Dunham 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased February 19 1903
(Month) (Day) (Year)

8. AGE: Years 41 Months 2 Days - If less than one day - - hr. - min.

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

10. Usual occupation Soldier

11. Industry or business US Army

MOTHER FATHER { 12. Name Unknown 13. Birthplace Unknown 14. Maiden name Rose Morgan 15. Birthplace Unknown
(City, town, or county) (State or foreign country) (City, town, or county) (State or foreign country)

16. (a) Informant Soldier's Service Record
(b) Address Camp Crowder, Missouri
17. (a) Removal (b) Date thereof April 21 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri

19. (a) 4-22-44 (b) Carey Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 14
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 30 North Henning
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1944 hour 6 minute 0 A.M.

21. I hereby certify that I attended the deceased from April 20 1944 to April 20 1944;
that I last saw him dead on April 20 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Poisoning, acute from Bichloride of mercury and nembutal, self administered.

Due to 1632

Due to 1632

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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) Suicide
(b) Date of occurrence 20 April 44
(c) Where did injury occur? Camp Crowder Newton, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In public place

While at work? yes (Specify type of place) (c) Means of injury suicide

23. Signature Sen. Valensky (M. D. or other) MC
Address Camp Crowder, Missouri Date signed 4/20/44

RECEIVED

4-25-44
District Health Officer No. _____
District File Number 444-89
Date Filed 4-26-44

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. 39/

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.