

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18327

FILED JUN 18 1944

Primary Registration District No. 2001

Registrar's No. 275

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 728 Pearl Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie Mae Dunham

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

4. Sex Female 5. Color or race White
6. (a) Single (b) Married
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
7. Birth date of deceased Aug. 23 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 3 If less than one day hr. min.

9. Birthplace MT Pleasant Mich.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Charles E. Dunham

13. Birthplace MT Pleasant Michigan
(City, town, or county) (State or foreign country)

14. Maiden name Mary

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

16. (a) Informant MRS. Bessie Morris

(b) Address 728 Pearl Street

17. (a) Burial (b) Date thereof 5-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT Hope Cem.

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin Mo

19. (a) 5-26-44 (b)
(Date received local registrar) (Registrar's signature)

1204 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 728 Pearl
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: 93d
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 Carthage, Mo. Date signed May 26 1944

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

44-5-436

JUN 12 1944

SEP 22 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.....

Cecil G. Thornhill

Licensed Embalmer No. *3590*

P. O. *Indian, 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.