

Registration District No. 99 Primary Registration District No. 5372 Registrar's No. 226

1. PLACE OF DEATH:
(a) County DE KALB
(b) City or town WEATHERBY (RURAL)
(c) Name of hospital or institution: *Class 201*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County DE KALB
(c) City or town WEATHERBY (RURAL)
(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.....

3. (a) PRINT FULL NAME JAMES 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 M.
6. (b) Name of husband or wife ELLA DUNHAM. 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Nov-1-1865 (Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 14 If less than one day hr. min.

9. Birthplace BROWN CO - INDIANA (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name ARON DUNHAM
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name EMMA JOES
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Dunham
(b) Address Weatherby Mo

17. (a) (b) Date thereof 8/18-44 (Month) (Day) (Year)

(c) Place: Burial or cremation SHANN BAUGH CEM.

18. (a) Signature P. S. GALE (b) Address MANSVILLE MO

19. (a) 8-24-44 (Date received local registrar) (b) John Clarke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 15 year 1944 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from July 23 19XX to Aug 10 19XX
that I last saw him alive on Aug - 11 19XX and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac thrombosis

Due to.....

Due to.....

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

Major findings: Of operations..... Of autopsy.....

Duration
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) Means of injury.....

23. Signature P. S. Gale (M. D. or other) Address: O. S. Worn MO Date signed 8/18/44

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

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.....

3960

Address.....

Maysville 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.