

FILED JAN 25 1946

Registration District No.

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirkville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

ALMEDA A. DUNHAM

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced W 2  
6. (b) Name of husband or wife Samuel P. Dunham  
6. (c) Age of husband or wife if alive years 79 1956 (Month) (Day) (Year)  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Valentine Palmer  
13. Birthplace Eng. 4 (City, town, or county) (State or foreign country)  
14. Maiden name Mary Briggs  
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T. C. Martin  
(b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof 11-29-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brush Creek Cemetery

18. (a) Signature of funeral director Foster P. Emery  
(b) Address Brush Creek, Mo.

19. (a) 12-13-45 (b) Kate Lambert (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ADAIR  
(c) City or town KIRKVILLE (If outside city or town limits, write "RURAL")  
(d) Street No. 514 S. FLORENCE (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1945 hour 5 minute 30 p.m.

21. I hereby certify that I attended the deceased from November 21 1945 to November 27 1945  
that I last saw h.e.r. alive on November 27 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 4 days  
Due to Shock & trauma of fall 5 days  
(Fracture of right hip.)  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 12-1  
(b) Date of occurrence 11-23-45  
(c) Where did injury occur? Kirkville Adair Mo. (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? (Specify type of place) (e) Means of injury Fall

23. Signature Howard E. Gross (M. D. or other) D.O.  
Address Kirkville, Mo. Date signed 12-12-45

1946 9 NOV

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District Health Officer No. 10

District File Number 1-46-49

Date Filed JAN 23 1946

### 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

*F. R. Early*

Licensed Embalmer No. 1146

P. O. Address Brasher, 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.