

FILED APR 6 1946

STANDARD CERTIFICATE OF DEATH

State File No. 10523

Registration District No. 306

Primary Registration District No. 6048

Registrar's No. 260

1. PLACE OF DEATH

(a) County St. Charles  
(b) City or town Weldon Spring  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Rural, Weldon Spring  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

JOHN WILLIAM 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 Bertha Dunham

6. (c) Age of husband or wife if alive 1880 years

7. Birth date of deceased Dec 29

(Month) (Day) (Year)

8. AGE: Years 65 Months 12 Days 24  
If less than one day hr. min.

9. Birthplace Hickman Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Don't know

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

14. Maiden name "

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

16. (a) Informant Bertha Dunham

(b) Address Weldon Spring

17. (a) Burial (b) Date thereof Mar 25  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles

18. (a) Signature of funeral director Wentzville Mo.

(b) Address Wentzville Mo.

19. (a) March 26-46 (b) E. A. Keithley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles  
(c) City or town Weldon Spring  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1946 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from March 21 1946 to March 22 1946  
that I last saw him alive on March 22 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration Duration 1 yr.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 932

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)

(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 W. E. Boigesen (M. D. or other)

Address Wentzville, Mo. Date signed 3-22-46

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-5-46

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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.....

*R. E. Peltman*

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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.**