

No. 2
M-5-43
5-17-39
P.I. X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23440**
Registrar's No. **80**

Registration District No. **139** Primary Registration District No. **6228**

1. PLACE OF DEATH:
(a) County **Holt**
(b) City or town **Oregon, Mo**
(c) Name of hospital or institution: **Brown Nursing Home. 4**
(d) Length of stay: **In hospital or institution**
In this community **77-4-27** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Holt 44**
(c) City or town **Mound City, Mo 1**
(d) Street No. **3**
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Ira George Dunham.**
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **18** year **1946** hour **5** minute **A** M.
21. I hereby certify that I attended the deceased from **May 18**, 1946, to **6-18**, 1946, that I last saw him alive on **June 16**, 1946, and that death occurred on the date and hour stated above.

4. Sex **Male (1)** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Widowed 2**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

Immediate cause of death **Coronary insufficiency**
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: **none**
Of operations
Of autopsy **none**

7. Birth date of deceased **Jan. 21 1869**
(Month) (Day) (Year)
8. AGE: Years **77** Months **4** Days **27** If less than one day hr. min.

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace **Holt County, Missouri.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired Farmer.**

11. Industry or business
12. Name **Ambrose Dunham.**
13. Birthplace **Ind.**
14. Maiden name **Martha Disher.**
15. Birthplace **Ind.**

16. (a) Informant **Ed Dunham**
(b) Address **St. Joseph Mo**
17. (a) **Burial** (b) Date thereof **June 19/46**
(c) Place: burial or cremation **Mound City, Mo.**
18. (a) Signature of funeral director **M. Crawford**
(b) Address **Mound City, Mo.**
19. (a) **6-19-46** (b) **J. Gray**
(Date received local registrar) (Registrar's signature)

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? **none**
(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 **O. F. Kearney** (M. D. or other)
Address **Oregon, Mo** Date signed **6/18/46**

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

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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..... *M. Crawford*.....
Licensed Embalmer No. *1824*.....
P. O. Address *Mound City, 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.