

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27566**

**FILED** AUG 14 1946  
Registration District No. **169**

Primary Registration District No. **4258**

Registrar's No. **53**

1. PLACE OF DEATH:

(a) County **Knott**  
(b) City or town **Edina**  
(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 (Specify whether years, months or days)  
In this community

3. (a) PRINT FULL NAME

**JAMES J. DUNHAM**

3. (b) If veteran, name was **Spanish-American** No. 3. (c) Social Security

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W** **W**  
6. (b) Name of husband or wife **CORA DUNHAM** 6. (c) Age of husband or wife if alive years **70**  
7. Birth date of deceased **July 18 1879**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **2** Days **26** If less than one day hr. min.

9. Birthplace **Sublett Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Rail Road Brakeman**

11. Industry or business

12. Name **Hubbard Dunham**  
13. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Marion Taylor**  
15. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H. E. Muleland**  
(b) Address **Brashear Mo.**

17. (a) **Burial** (b) Date thereof **7-18-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Brashear Cemetery**

18. (a) Signature of funeral director **F. R. Emory**

(b) Address **Brashear Mo.**

19. (a) **July 26 - 46** (b) **Nellie S. Nunnally**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **16**  
year **1946** hour **10** minute **25 P.M.**

21. I hereby certify that I attended the deceased from **July 12**, 1946, to **July 16**, 1946;  
that I last saw him alive on **July 15**, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction** Duration **6 days**

Due to

Due to **Myocardial infarction**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **g. 5/15**  
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?

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

23. Signature **Edina** (M. D. or other) **Edina**  
Address **Edina Mo.** Date signed **7/17/46**

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

264113

AUG 21 1946

RECEIVED  
District Health Officer No. 10  
District File Number 8-46-1563  
Date Filed AUG 1 1946  
AUG 1 1946  
AUG 1 4 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.....  
Licensed Embalmer No.....  
P. O. Address.....

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.