

FILED NOV 12 1948

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Nodway
(b) City or town Maryville, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Franis Hospital 0
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether
In this community 17 days
years, months or days)

3. (a) PRINT FULL NAME Frank Marshall Dunham

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Maggie Dunham
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Feb-9th 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 12
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Merchant

11. Industry or business _____

12. Name Nathan Dunham

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

14. Maiden name Anna Clement

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

16. (a) Informant Kimeth R Hopkins

(b) Address Westboro, Missouri

17. (a) Burial (b) Date thereof 10-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Center Grove

18. (a) Signature of funeral director Westboro, Missouri

(b) Address _____

19. (a) Oct 30 1948 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atcnison 3
(c) City or town Westboro 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) /
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from October 4,
1946 to October 21 1946;
that I last saw him alive on October 20 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death M. of plasmodium of death Duration 3 mo.

Due to _____

Due to _____

Other conditions: Chlor Myocarditis
(Include pregnancy within 3 months of death)
& Chlor Endocarditis

Major findings: _____

Of operations _____

Of autopsy 57E

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 B. F. DeLaney (M. D. or other) MD

Address Burlington, Iowa Date signed 10/24/46

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Scott Tucker

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Scott Tucker

Licensed Embalmer No. 2824

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.