

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40088**

FILED JAN 14 1947

Primary Registration District No. **4168**

Registrar's No. **77**

1. PLACE OF DEATH:

(a) County **DEKALB**
(b) City or town **MAYSVILLE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **LIFE** years, months or (days) (Specify whether)

3. (a) PRINT FULL NAME **GEORGIA ELZEDA DUNHAM**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **F** 5. Color or race **W** 6. (a) ~~Single~~ married, divorced **M**
6. (b) Name of husband or wife **Charley Dunham** 6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **HUG. 20-1886** (Month) (Day) (Year)

8. AGE: Years **60** Months **3** Days **19** If less than one day hr. min.

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

10. Usual occupation **HOUSEWIFE**

11. Industry or business

MOTHER FATHER { 12. Name **JAMES RUTHERFORD**
13. Birthplace **Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **ARMILLA CHARR**
15. Birthplace **Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Charley Dunham**
(b) Address **Maysville Mo**

17. (a) **Burial** (b) Date thereof **12-11-46** (Month) (Day) (Year)

(c) Place: burial **Oak Lawn Maysville**

18. (a) Signature of funeral director **FISHER FUNERAL HOME**

(b) Address **MAYSVILLE Mo**

19. (a) **12/10-46** (b) **Roscoe Nash** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **DEKALB** 32
(c) City or town **MAYSVILLE** 2
(If outside city or town limits, write "RURAL") 0
(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 **DEC.** day **9**
year **1946** hour **11** minute **A.M.**

21. I hereby certify that I attended the deceased from **Aug 3**, 1943 to **Dec 9**, 1946
that I last saw him alive on **Nov 25**, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**
Due to **Coronary Sclerosis 2 yrs.**

Due to

Other conditions **Diabetic Mellitus 5 yrs.**
(Include pregnancy within 3 months of death) (Under control)

Major findings: Of operations.

Of autopsy **61**

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 **R.R. Reynolds** (M. D. or other) **Mo**
Address **Maysville Mo** Date signed **12/10/46**

JAN 17 1947

JAN 16 1947

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.....

..... 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.