

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

Registration District No. 175

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5645

State File No. 5328

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community, _____
years, months or days)

3. (a) PRINT

FULL NAME Male Anthony 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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 15 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 16 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Frankie Lee Dunham
13. Birthplace Scholten Mo. (City, town, or county) (State or foreign country)
14. Maiden name Billy Mae Gillis
15. Birthplace Santa Cruz Calif (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frankie L. Dunham,
(b) Address R.F.D. Billings Mo.
17. (a) Burial (b) Date thereof 2/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marionville Mo.

18. (a) Signature of funeral director J. B. Burridge
(b) Address Marionville Mo.
19. (a) 2-15-47 (b) Oran Mc Nath
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #2 Billings Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1947 hour Seven minute 30 M.

21. I hereby certify that I attended the deceased from February 13 1947, to February 13 1947
that I last saw him alive on February 13 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Lobar pneumonia Duration _____

Due to Circulatory failure

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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 John H. Bomer (M. D. or other) MD
Address Marionville, Mo. Date signed 2-14-47

RECEIVED

District Health Officer No. 6,

District File Number

247-267

Date Filed

FEB 27 1947

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: *Herman Hurridge*

Licensed Embalmer No. *3072*

P. O. Address *Marionville 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.