

No. 2
-12-45
5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5329**
Registrar's No. **31**

FILED MAR 3 1947
383

Registration District No. **383** Primary Registration District No. **5655**

1. PLACE OF DEATH:
(a) County **Lawrence**
(b) City or town **Mt. Vernon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **60 days**
(Specify whether years, months or days)
In this community **60 days**

3. (a) PRINT FULL NAME **Murray Mills Dunham**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Merle Sloan Dunham**
6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **Sept. 15 1889**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 5 3 hr. min.

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

10. Usual occupation **Oil Company Truck Driver**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Ambrose Dunham**
13. Birthplace **Garden City Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Jessie**
15. Birthplace **Garden City Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. McMichael, Record Clerk**
(b) Address **Mo. State San. Mt. Vernon, Mo.**

17. (a) **Removal** (b) Date thereof **2-18-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City Mo**

18. (a) Signature of funeral director **Geo. B. [unclear]**
(b) Address **Mo. Vernon, Mo**

19. (a) **2/18/47** (b) **DR Phelbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **5930 Brookside**
(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 **18th**
year **1947** hour **6:30** minute **A. M.**

21. I hereby certify that I attended the deceased from **Nov. 21**, 19 **46**, to **Feb. 18**, 19 **47**
that I last saw h. **im** alive on **Feb. 18**, 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cor pulmonare with congestive heart failure.** Duration **Few weeks**
Due to **Pulmonary Tuberculosis** Abt **8 yrs**

Due to _____

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

Major findings: Of operations **1-2-3**
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)
Means of injury **1**

23. Signature **Y. F. [unclear]** (M. D. or other) **mal**
Address **Mt. Vernon, Mo** Date signed **2-18-47**

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

159

RECEIVED

District Health Officer No. 6,

District File Number 247-272

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.....

Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address 9111 Vernon St

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.