

FILED JUL 17 1947

Registration District No. 150

Primary Registration District No. 4239

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Lee's Summit
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
507 So. Douglas St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 yrs
years, months or days

3. (a) PRINT
FULL NAME

Jessie Maine Dunham

3. (b) If veteran,
name war No

3. (c) Social Security
No. No

4. Sex 7 /

5. Color or
race W

6. (a) Single, widowed, married,
divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife If

Ambrose M. Dunham live X years
7. Birth date of deceased July 30 - 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 10 29 hr. min.

9. Birthplace Coper County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name John Seaton
13. Birthplace Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Palisia Byler
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant O.L. Dunham
(b) Address Lee's Summit Mo.

17. (a) Burial (b) Date thereof 7-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Garden City Mo

18. (a) Signature of funeral director N.B. Langford
(b) Address Lee's Summit Mo

19. (a) JULY 1, 1947 (b) Donald C. Samahan
(Date received local registrar) (Registrar's signature) 274

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Lee's Summit
(If outside city or town limits, write "RURAL")
(d) Street No. 507 So. Douglas St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1947 hour _____ minute _____ AM.

21. I hereby certify that I attended the deceased from
April 24 1947 to June 29 1947
that I last saw him alive on June 29 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis Duration 1 yr.

Due to Herpes zoster 2 mo

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 sta-
tistically.

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)
(c) Means of injury TI

23. Signature Clint Miller M.D. or other MD
Address Lee's Summit Mo Date signed 6-30-47

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.