DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 29 1947
Registration District No. 107

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 34137

Primary Registration District No. 5422

Registrar's No. 241

**1. PLACE OF DEATH:**
(a) County Dunklin
(b) City or town Kennett - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dunklin County Farm Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years (Specify whether
In this community 4 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo (b) County Dunklin 35
(c) City or town Malden 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Dunham

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M

5. Color or race White

6. (a) Single, widowed, married, divorced Wid'r

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Unknown (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| Abt | 62 | | | hr. min. |

9. Birthplace Malden (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation None

11. Industry or business None

MOTHER
12. Name Unknown 9

FATHER
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Unknown

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

16. (a) Informant Mrs. W. B. Lemonds
(b) Address R. 2 - Kennett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Gregory Cemetery

18. (a) Signature of funeral director Noble —
(b) Address

19. (a) 10-21-1947 (Date received local registrar) (b) [signature] (Registrar's signature) 90

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 13
year 1947 hour 12:30 minute a. m.

21. I hereby certify that I attended the deceased from Aug 11 to Aug 13, 1947
that I last saw him alive on Aug 12, 1947
and that death occurred on the date and hour stated above.

| Immediate cause of death | Cerebral Hemorrhage | Duration 2 days |
|---|---|---|
| Due to | Hypertension | |
| 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Kennett Mo Date signed 8-14-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No
District File Number 1047-
Date Filed 10-27-

## 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.....

This body was not embalmed

....., 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 w**
**the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

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State File No. 107.

Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 241

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Dunham
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dunham
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) Mch (Day) (Year)

8. AGE: Years 62 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| | |
| Due to | |
| 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.

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While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

34137