

FILED MAR 11 1948
 Registration District No. **23**

Primary Registration District No. **4348**

Registrar's No. **3**

1. PLACE OF DEATH:
 (a) County **Montgomery**
 (b) City or town **Wellsville**
 (If outside city or town limits, write "RURAL" and name of township)
 (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)
 In this community **Thirty years** (Specify whether)
 years, months or days

3. (a) PRINT FULL NAME **ELDON CLARK DUNHAM**
 3. (b) If veteran, **—** name war **—**
 3. (c) Social Security No. **489-05-6756**

4. Sex **M** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Mamie Dunham**
 6. (c) Age of husband or wife if alive **63** years
 7. Birth date of deceased **Feb - 19 - 1883**
 (Month) (Day) (Year)

8. AGE: Years **65** Months **0** Days **3**
 If less than one day hr. min.

9. Birthplace **Callaway Co** **MO**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business
 12. Name **Samuel E. Dunham**
 13. Birthplace **Callaway Co** **MO**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Rachel Davis**
 15. Birthplace **Callaway Co** **MO**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lucius Johnson**
 (b) Address **Wellsville MO**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb 24 1948**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **Wellsville MO**

18. (a) Signature of funeral director **Bob Kline**
 (b) Address **Wellsville MO**
 19. (a) **Feb 27/48** (Date received local registrar) (b) **Thos Marshall** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **Montgomery**
 (c) City or town **Wellsville**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **—** (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 **21** year **1948** hour **6** minute **—** A. M.
 21. I hereby certify that I attended the deceased from **Jan 6** to **Feb 21** 1948
 that I last saw him alive on **Feb 4** 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** 5 min
 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.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **—**
 (b) Date of occurrence **—**
 Where did injury occur? (City or town) (County) (State)
 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 **—**
 23. Signature **W. N. Wells** (M. D. or other) **—**
 Address **Wellsville** Date signed **2/27/48**

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

3/10/68

RECEIVED
District Health Officer No. 9,

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

C. B. R. R.

Licensed Embalmer No.

3059

P. O. Address

Wellsville 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.