Registration District No. Primary Registration District No. S Primary Registration District No. D Primary Registration District No. S Primary Registration District No. D Primary Registration District No. S Primary Registration District No. D Primary Registration No. D Prima	DEPARTMENT OF COMMERCE THE STATE BOARD OF H	CATE OF DEATH State File No
(a) County. Johnson (b) City or town Waffensburg (c) Name of hopical circ substants, write "RURAL" and name of township) (d) Length of stay: In hopical or institution. They spans, measure of any 3. (a) FRINT Oliver G Dunham 3. (b) State Missouri (Trans, tyre beauton) 4. Ser Male 5. Color or race White 6. (c) Single, widowed, married, race White 6. (d) Ange of husband or wife 6. (e) Single, widowed, married, race White 6. (e) Single, widowed, married, race White 6. (e) Ange of husband or wife 6. (f) Ange of husband or wife 6. (g) Again or wife 7. Birth date of deceased Sept 7. Birth date of deceased Sept (City, town, or county) 9. Birthplace Coll Phowee (City, town, or county) (City, town, or county) (City, town, or county) 11. Industry or business (City, town, or county) (City, town, o		et No. 3032 Registrar's No. 82
3. (b) If veteran. 3. (c) Social Security No. NO. 10. Name war. 10. S. Color or 12. S. Color or 13. S. Color or 14. Sex. Male 15. S. Color or 16. (c) Single, widowed, married, divorced. Married 16. (b) Name of husband or wife. 17. Birth date of deceased. Sept. 1875. 18. AGE: Vears Months Days If less than one day 19. Birthplace Chilinowee Missouri Accident cause of death 18. AGE: Vears Months Days If less than one day 19. Birthplace Chilinowee Missouri Accident country 10. Usual occupation. Clothing. Merchant 11. Industry or business. 12. Industry or business. 13. Birthplace Jolmson Co. 15. Birthplace Jolmson Co. 16. (a) Informant Mrs. Margaret Dumham 16. (City, town, or country) 17. Shirthplace United Scott Dumham 18. Margaret Dumham 19. Shirthplace Missouri Accident spin country 19. Shirthplace Chilinowee 19. Margaret Married 19. Merchant Mrs. Margaret Dumham 19. Shirthplace Missouri Accident, suicide, or homicide (specify) 10. Informant Mrs. Margaret Dumham 10. Informant Mrs. Margaret Dumham 10. Clity, town, or country 10. Date of occurrence 10. Date of occurrence 12. If death was due to external causes, fill in the following: 12. If death was due to external causes, fill in the following: 13. (c) Date of occurrence 14. Maiden name. Adelia Victoria Gillispie 15. Birthplace United States of feeting conducty) 16. (a) Informant Mrs. Margaret Dumham 16. Pinstoria Gillispie 17. Shirthplace United States of feeting conducty) 18. Major findings: 19. Medical CERTIFICATION 19. May 19. May 29 10. DATE OF DEATH; Month July (City day, 29 10. DATE OF DEATH; Month July (City day, 29 10. DATE OF DEATH; Month July (City day, 29 10. DATE OF DEATH; Month July (City day, 29 10. DATE OF DEATH; Month July (City day, 29 10. DATE OF DEATH; Month July (City day, 29 10. DATE OF DEATH; Month July (City day, 29 10. DATE OF DEATH; Month July (City day, 29 10. DATE OF DEATH; Month July (City day, 29 10. DATE OF DEATH; Month July (City day, 29 10. DATE OF DEATH; Month July (City day, 29 10. DATE OF DEATH; Month July (City day, 29 1	1. PLACE OF DEATH: (a) County JOHNSON (b) City or town Warrensburg (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: Warrensburg Clinic & Hospital (If not in hospital or institution, write street number of location) (d) Length of stay: In hospital or institution 1 Day In this community 70 Yrs (Specify whether	2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Johnson (c) City or town Warrensburg Mo (If outside city or town limits, write "RURAL") (d) Street No. 212 W. South St. (If rural, give location) (e) Citizen of foreign country? NO (Yes or No)
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive and husband or wife if alive an	3. (a) PRINT Oliver C Dunham 3. (b) If veteran, 3. (c) Social Security	MEDICAL CERTIFICATION 29 20. DATE OF DEATH: Month July day 29 year 1948 hour minute 10 P.M.
71: 10 3 hr. min. 9. Birthplace Chi howe (City, town, or county) 10. Usual occupation Clothing Merchant (Include pregnancy within 3 months of death) 11. Industry or business. 12. Name Winfield Scott Dunham (City, town, or county) 13. Birthplace Johnson Co. Mo. (City, town, or county) 14. Maiden name Adelia Victoria Cillispie 15. Birthplace Un Known 16. (a) Informant Mrs. Margaret Dunham (State or foreign country) 16. (a) Informant Mrs. Margaret Dunham (City, town, or county) (State or foreign country) 16. (b) Address 212 W. South St. (Month) (Day) (Year) 17. (a) Burial (country) (City or town) (County) (State) (Month) (Day) (Year) 18. (City or town) (County) (State) (City or town) (County) (County	4. Sex Male race White divorced Married 6. (b) Name of husband or wife 6. (c) Age of husband or wife if Margaret Dunham alive 60 years 7. Birth date of deceased Sept 26 1875	that I last saw have alive on 19 48 and that death occurred on the date and hour stated above.
9. Birthplace Chirhowee Missouri A (City, town, or county) 10. Usual occupation Clothing Merchant 11. Industry or business. 12. Name Winfield Scott Dunham 13. Birthplace Johnson Co. Mo. (City, town, or county) 14. Maiden name Adelia Victoria Cillispie 15. Birthplace Un Known 16. (a) Informant Mrs. Margaret Dunham 17. (a) Burial (Burial, cremation, or removal) 18. Place: burial or cremation Sunset Hill 19. Birthplace South St. (City or town) (County) (State) (Month) (Day) (Year) (A) Did injury occur in or about home, on farm, in industrial place, in public place?	73. 30 7	Due to Generalizer artioceleson 1 yr
Major findings: Underline the cause to the which death should be charged statistically. Ware Winfield Scott Dunbam Underline the cause to the which death should be charged statistically. Ware Gistor foreign country Gistor foreign country Gistor foreign country City, town, or county Gistor foreign country Gistor foreign country City, town, or country City or town City or tow	(City, town, or county) (State or foreign country)	Other conditions. (Include pregnancy within 3 months of death)
18."(a) Signature of funeral director. Sweeney Phillips (b) Address Warrensburg Mo. (c) Means of injury (d) Liu 30, 1948 (b) Daya Lual (Resistrar's signature) (Date received local registrar) (Clicensed Embalourer's Statement on Reverse Side)	12. Name Winfield Scott Dunham 13. Birthplace Johnson Co. Mo. (City, town, or county) (State or foreign country) 14. Maiden name Adelia Victoria Gillispie 15. Birthplace Un Known O (City, town, or county) (State or foreign country) 16. (a) Informant Mrs. Margaret Dunham (b) Address 212 W. South St. (Burial, cremation, or removal) (b) Date thereof 7-31-48 (Month) (Day) (Year) (c) Place: burial or cremation Sunset Hill 18."(a) Signature of funeral director Sweeney Phillips (b) Address Warrensburg Mo (Date received local registrar) (Registrar a signature) (Registrar a sign	Major findings: Of operations 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) While at work? (M. D. or other) Address Date signed 6.30

MIN 19 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of the	is certi	ficate was embalmed by me, or by
	•	Registered Apprentice No.

working under my personal supervision.

1810-6

Licensed Embalmer No. 3878

P. O. Address Warrensburg Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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