

FILED AUG 9 1948

State File No. _____

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 82

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 or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 70 Yrs.
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Oliver C Dunham

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Dunham 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept 26 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 3 hr. min.

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

10. Usual occupation Clothing Merchant

11. Industry or business _____

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
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Dunham(b) Address 212 W. South St.

17. (a) Burial (b) Date thereof 7-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill18. (a) Signature of funeral director Sweeney Phillips(b) Address Warrensburg Mo.

19. (a) July 30, 1948 (b) Saranush
(Date received local registrar) (Registrar's signature)

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)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1948 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct 1947
1948 to July 29 1948
that I last saw him alive on 7-29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary occlusion

Duration

2 weeks

Due to

Generalized arteriosclerosis

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

Signature R. L. Lefler (M. D. or other) md

Address Warrensburg Mo Date signed 6-30-49

NOV 19 1952

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..... *J. Earl Priest*.....

..... 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 with the above constitutes grounds for revocation of license.)

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