

No. 300
-10-47
5-17-39
PI 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25717
Registrar's No. 148

FILED AUG 30 1948

Registration District No. 59

Primary Registration District No. 5218

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural (Big Creek)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 and 1/2 north of Pleasant Hill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Passing through by Railway (Specify whether years, months or days)

3. (a) PRINT FULL NAME Kenneth J. Dunham
3. (b) If veteran, name war WORLD WAR II
3. (c) Social Security No. _____

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alice Dunham 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased May 11, 1912
(Month) (Day) (Year)

8. AGE: Years 36 Months 3 Days 10 If less than one day hr. _____ min. _____

9. Birthplace: Marysville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Steward U.S.A.

11. Industry or business _____

MOTHER FATHER
12. Name Char. A. Dunham
13. Birthplace Peoria Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Georgina Rutherford
15. Birthplace Peoria Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Char. A. Dunham
(b) Address Marysville Mo.
17. (a) Rural (b) Date thereof 8-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paynee City, Neb.

18. (a) Signature of funeral director Allen Rutherford
(b) Address Pleasant Hill, Mo.

19. (a) Aug. 23-48 (b) Lama J. Jones
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Sarpy
(c) City or town Omaha, Neb.
(If outside city or town limits, write "RURAL")
(d) Street No. Fort Creek, Neb.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21
year 1948 hour within 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 CONCUSSION
FRACTURE LEFT ANKLE
Due to INJURY WHEN FELL OR
THROWN FROM TRAIN

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) Accident
(b) Date of occurrence Aug. 21, 1948
(c) Where did injury occur PLASANT HILL PASS, MO.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
PUBLIC PLACE
(Specify type of place) (e) Means of injury Accident

While at work? _____ (e) Means of injury Accident

23. Signature O. J. Barger (M. D. or other) MD
Address Harrisonville Mo Date signed 8/21/48

Coroner Cass Co.

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

FEB 11 1949

MAR 8 1949

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 Allen W. Brownfield

Licensed Embalmer No. 37805

P. O. Address Pleasant Hill

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.