. No. 300
1—10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 13 1948
Registration District No. 799

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29735
Primary Registration District No. 1002
Registrar's No. 3528

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Kelly Convalescent Home 2800 East 10th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months 4
(Specify whether years, months or days)
In this community 1½ Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3722 Roberts 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Henry Dunham
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nannie E. Dunham
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased 8 (Month) 19 (Day) 1860 (Year)
8. AGE: Years 88 Months 0 Days 9 If less than one day hr. min.
9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired
MOTHER FATHER
12. Name Greenberry Dunham
13. Birthplace (City, town, or county) Missouri (State or foreign country)
14. Maiden name Agnes Summers
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mr. Edward F. Dunham
(b) Address 3722 Roberts
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-29-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Rich Hill, Mo.
18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Mo.
19. (a) 8-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th. year 1948 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from Aug. 28, 1948 to Aug 28 1948 that I last saw him alive on Aug. 28 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Heart Failure	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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 (f)
23. Signature [illegible] (M. D. or other) MD
Address [illegible] Date signed 8-29-48

(Licensed Embalmer's Statement on Reverse Side)

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 (1) Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address Bc, 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.