

FILED NOV 8 1948

Registration District No. 59

Primary Registration District No. 4097

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether)
In this community 11 days
years, months or days

3. (a) PRINT FULL NAME Rolla Francis 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 Married
6. (b) Name of husband or wife Lucille Dunham 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased August 26 1892
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 5 If less than one day
hr. min.

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

10. Usual occupation Grain Merchant

11. Industry or business

MOTHER FATHER { 12. Name Joshua B. Dunham A
13. Birthplace Chilhowee Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Hester Webster
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. F. Dunham

(b) Address Peculiar, Mo.

17. (a) Burial (b) Date thereof Nov. 3, '48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wills Cem., Peculiar

18. (a) Signature of funeral director B. H. Seay & Sons
(b) Address Belton, Mo.

19. Nov. 2 - 1948 (b) Sandra J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Peculiar 8
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31st
year 1948 hour 8 minute P.m.

21. I hereby certify that I attended the deceased from Oct 31 to Oct 31 1948
that I last saw him alive on Oct 31 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis
from trauma
by bronchial infection
apoplexy
Due to by bronchial infection
Due to apoplexy

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 124B

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 ✓

23. Signature Harry Nelson (M. D. or other)

Address Harrisonville, Mo Date signed 11-2-48

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.....

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.