

FILED DEC 10 1948

Registration District No. 233

UNITED STATES DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4348

State File No. _____

Registrar's No. 22

37436

1. PLACE OF DEATH

- (a) County Montgomery
(b) City or town Wellsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Twenty six years (Specify whether)
years, months or days

3. (a) PRINT FULL NAME RACHEL P. DUNHAM

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

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 9 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 4 23 _____ hr. _____ min.

9. Birthplace Fulton MO
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Walter A. Daves
13. Birthplace Fulton MO
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Miller
15. Birthplace Fulton MO
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Dunham
(b) Address Wellsville MO
17. (a) Burial (b) Date thereof Dec 3 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wellsville MO

18. (a) Signature of funeral director W. H. Kuhn
(b) Address Wellsville MO
19. Dec 4 1948 (b) Thos. Meritt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Montgomery
(c) City or town Wellsville (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3 year 1948 hour 12 midnight
21. I hereby certify that I attended the deceased from Nov. 30 to Dec 1 1948
that I last saw her alive on Dec 1 and that death occurred on the date and hour stated above.
Immediate cause of death apoplexy

- Due to hypertension 10 year
Due to _____

- Other conditions _____
(Include pregnancy within 3 months of death)

- Major findings: _____
Of operations 836
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 W. H. Kuhn
23. Signature W. H. Kuhn (M. D. or other) DO.
Address Wellsville Date signed 12/4/48

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

RECEIVED
District Health Officer No. 9.
District File Number
Date Filed DEC 9 1948

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.

P. O. Address.....

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.