

Registration District No. 150

Primary Registration District No. 5572

48  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Jackson County E. Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 days  
(Specify whether)

In this community 20 years  
years, months or days

3: (a) PRINT FULL NAME Oxie Lee Dunham

3. (b) If veteran, name war

3. (c) Social Security No. 495-01-9363

4. Sex male 5. Color or race wh.

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Margaret Dunham

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 22, 1884  
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation Book work

11. Industry or business 7

12. Name A. M. Dunham

13. Birthplace Mo (City, town, or county) (State or foreign country)

14. Maiden name Jessie Seaton

15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Dunham

(b) Address 507 South Douglas Leis Summit Mo

17. (a) Burial (b) Date thereof 12/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden City Mo

18. (a) Signature of funeral director W. B. Langford

(b) Address Leis Summit Mo

19. (a) Dec. 19, 1948 (b) Donald C. Sammons  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Leis Summit  
(If outside city or town limits, write "RURAL")

(d) Street No. 507 South Douglas  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8  
year 1948 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from 11-2-48, 19... to 12-8-48, 19...  
that I last saw him alive on 12-7-48  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute bronchopneumonia  
Carcinoma of colon months

Due to: 46E

Other conditions: (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations

Of autopsy 46E

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 0

Frank E. Dehorne MD

Address INDEPENDENCE MO Date signed 12-8-48

**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 W. O. Langford

Licensed Embalmer No. 3833

P. O. Address Leis Summit

**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.**