

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34495

34495

BIRTH NO. _____		REG. DIST. NO. 314		PRIMARY REG. DIST. NO. 4460		Registrar's No. 67	
1. PLACE OF DEATH a. COUNTY St. Clair b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roscoe c. LENGTH OF STAY (in this place) 6 years d. FULL NAME OF HOSPITAL OR INSTITUTION none				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roscoe d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) Earnest James Dunham a. (First) b. (Middle) c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) 10-3-1950			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 2-12-1879	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Engineer				10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Vernon County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME William Dunham				13b. MOTHER'S MAIDEN NAME Mary A. Avery		14. NAME OF HUSBAND OR WIFE Frances Hayden Dunham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes 1900-1903				16. SOCIAL SECURITY NO. 1900-1903		17. INFORMANT'S SIGNATURE OR NAME Mrs. Frances Dunham Roscoe, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Had 30.4 Strokes DUE TO (c) Previous 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334x			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from 9-28-1950, to 10-3-1950; that I last saw the deceased alive on 10-3-1950, and that death occurred at 9:52 a.m., from the causes and on the date stated above.							
23a. SIGNATURE J. P. Richardson M.D. (Degree or title)				23b. ADDRESS 415 First Mo		23c. DATE SIGNED 10-3-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-6-1950		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Ft. Scott, Kansas	
DATE REC'D BY LOCAL REG. 16-4-1950		REGISTRAR'S SIGNATURE Ruth Seewers		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Ft. Scott, Kansas	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11/3/50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 11/3/50

NOV 4 1950

NOV 10 1950

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

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 2081

P. O. Address Ft. Scott, Kansas

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.