

State File No.

Registrar's No. 99

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution 576 E Jefferson
(d) Length of stay: In hospital or institution 4 months
In this community 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Rural
(d) Street No. Petersburg
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Josiah W Dunham

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Jessie Dunham 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 6 24 1860

8. AGE: Years 91 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Clinton Mo

10. Usual occupation Farmer

11. Industry or business

12. Name Gideon Dunham
13. Birthplace UNKNOWN 9
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9

16. (a) Informant Mrs Earl Hibler
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 5-16-43
(c) Place: burial or cremation Carrsville cem

18. (a) Signature of funeral director Ed Wildman
(b) Address Clinton Mo

19. (a) May 15, 1943 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1943 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from 3/15 1943 to 5-13 1943; that I last saw he alive on 5-13 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Dracunculus
Due to Cardio-Vascular
Due to Renal disease

Other conditions (Include pregnancy within 3 months of death) 13/0
Major findings: Of operations
Of autopsy

Duration
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) (Specify type of place) Means of injury 0
23. Signature E. E. Peeler M.D.
Address Clinton Mo Date signed 5/15/43

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

FILED JUN 17 1943

RECEIVED

District Health Officer No. 7.

District File Number 5-43-548

Date Filed 6-14-43

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.