

Registration District No. 1937

Primary Registration District No. 5504

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural Bigcreek Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 Mi. N + W 1/2 of Clinton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 82 yrs (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10 Mi. N + W 1/2 of Clinton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME David H. 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. MARRIED
6. (b) Name of husband or wife Elizabeth Jane Dunham 6. (c) Age of husband or wife if alive. 87 years
7. Birth date of deceased. 2 24 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 21 If less than one day hr. min.

9. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Carpenter

11. Industry or business

MOTHER FATHER { 12. Name D G Dunham
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Ford
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ora Anderson

(b) Address Chilhowee Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/43
(Month) (Day) (Year)

(c) Place: burial or cremation. Carrsville cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) July 16, 1943 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1943 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from 7/15 1943 to 7/15 1943
that I last saw him alive on 7/15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
without senile dementia.

Due to Senility
without senile dementia.
Other conditions (Include pregnancy within 3 months of death) 1620

Major findings: Of operations
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) no
(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 R D Powell (M.D. or other)
Address Clinton Mo Date signed 7/16/43

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

RECEIVED

District Health Officer No. 7,

District File Number 7-43-797

Date Filed 8-6-43

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.