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State File No. **2846**

FILED JAN 21 1946

Registration District No. 137

Primary Registration District No. 5505

Registrar's No. 207

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 80 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry

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

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eliza Jane Dunham

(b) If veteran, name war ✓

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25
year 1945 hour _____ minute _____ M.

4. Sex Fe 5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 15 years (Day) (Year)

7. Birth date of deceased 12 (Month) 15 (Day) 1861 (Year)

21. I hereby certify that I attended the deceased from 19 and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 0 Days 10 If less than one day hr. _____ min. _____

Immediate cause of death: Deceased was found dead in her house lying on floor. She lived alone and death was attributed to be caused by Cerebral Hemorrhage

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

9. Birthplace Ascaloose Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations gmv
Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name George a. Mahore

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

14. Maiden name unmarried

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

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? _____

16. (a) Informant ora anderson

(b) Address chilhowee mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-45
(Month) (Day) (Year)

(c) Place: burial or cremation carsville penn

18. (a) Signature of funeral director W. H. Keener

(b) Address _____

19. (a) 12-24-45 (Date received local registrar) (b) W. H. Keener (Registrar's signature)

23. Signature P. S. Hallingworth (Specify type of place) Coroner
(M.D. or other)

Address Clinton Mo Date 12/26/45

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

12-45-1369

1-13-46

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..... *Richard H. Keene*

Licensed Embalmer No. *2475*

P. O. Address..... *Albany*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Feb
Registrar's No. 207

Registration District No. 137

Primary Registration District No. 5505

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Blainstoun
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Bogard Trp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Eliza J. 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 und
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased See 16
(Month) (Day) (Year)

8. AGE: Years 84 Months _____ Days _____ If less than one day _____ hr _____ min.

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

MOTHER FATHER

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day 25
year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

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

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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?
_____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature _____ (M. D. or other)
Date signed _____

1001. WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

2846