

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 125

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape
(b) City or town Cape Girardeau, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2
(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

8. (a) PRINT FULL NAME Millard W. Dunham 550

8. (b) If veteran, name war _____ 8. (c) Social Security No. 492-16-5919

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Effie Long 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased June 26, 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>8</u>		hr. _____ min.

9. Birthplace Grand Tower Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation W.P. A. worker

11. Industry or business _____

12. Name William Dunham

18. Birthplace Illinois
(State or foreign country)

14. Maiden name Julia Parry

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

16. (a) Informant's own signature _____

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 2-27-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau, Missouri

19. (a) 2-26-40 (b) John Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape
(c) City or town R. D. # 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day Monday-26
year 1940 hour 5 minute 20 a.-M.

21. I hereby certify that I attended the deceased from Jan. 18
1940 to Feb. 26 1940
that I last saw him alive on Feb. 21 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bowel obstruction
(Chronic in nature)
@ myocardia
Duration 1 month

Due to intestinal adhesions
since abdominal operations in 1919

Due to myocardia due to
obstruction of long illness
Duration 1 mo

Other conditions He had had symptoms
(Include pregnancy within 3 months of death)
of obstruction past year

Major findings: _____
Of operations no record

Of autopsy no autopsy

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)
(e) Means of injury _____

23. Signature P. A. Bitters, M.D. (M. D. or other) !

Address Cape Girardeau, Mo. Date signed _____



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..... *Howard R. Haman*

Licensed Embalmer No. *4122*

P. O. Address *Cape Girardeau*

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, above space should be left blank.