

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34603

FILED NOV 10 1941
Registration District No. 163

Primary Registration District No. 4095

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Cedar

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 30 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cedar

(c) City or town El Dorado Spgs
(If outside city or town limits, write "RURAL")

(d) Street No. 111 West Olive
(If rural, give location)

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

3. (a) PRINT FULL NAME JENNIE DUNHAM

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18
year 1941 hour 2 minute P M.

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife JOHN DUNHAM

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 22 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1938 to Oct 18 1941; that I last saw her alive on Oct 18 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis

Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>1</u>	<u>26</u>	hr. _____ min. _____

Due to _____

Due to _____

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

10. Usual occupation Lawyer

11. Industry or business _____

MOTHER FATHER

12. Name Gabe Zimmerman

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

14. Maiden name Elizabeth Gahns

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

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

Major findings: Of operations 131a

Of autopsy _____

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

16. (a) Informant Lena Miller

(b) Address El Dorado Spgs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/41
(Month) (Day) (Year)

(c) Place: burial or cremation El Dorado Spgs

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? _____

18. (a) Signature of funeral director W. Dawson

(b) Address El Dorado Spgs Mo

19. (a) 10-19-41 (Date received local registrar) (b) W. Dawson (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature W. Dawson (M. D. or Registrar)
Address El Dorado Springs Date signed 10-29-41

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Primary Registration District No. _____ Registrar's No. _____

2. USUAL RESIDENCE OF DECEASED:

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

(e) (If township)

Name - country _____

MEDICAL CERTIFICATION

Month _____ day _____
M _____ hour _____ minute _____
the deceased from _____ to _____

Duration	_____

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1854

Date Filed 11-7-41

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 George W. Mapes

Licensed Embalmer No. 9752

P. O. Address El Dorado Springs

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.