

No. 2
-12-45
-17-39
X47070

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41272**
Registrar's No. **34**

FILED JAN 12 1948

Registration District No. **1** Primary Registration District No. **4168**

1. PLACE OF DEATH:

(a) County **DEKALB**

(b) City or town **MAYSVILLE**
(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 **45yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **DEKALB** **32**

(c) City or town **MAYSVILLE** **2**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? _____ (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME **SAMUEL BARTON DUNHAM**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **22**
year **1947** hour **8** minute **30** A. M.

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **IDA V. DUNHAM** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **SEPTEMBER 29 1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 1947** to **Nov 22 1947**
that I last saw him alive on **Nov 22 1947**
and that death occurred on the date and hour stated above.

8. AGE: Years **77** Months **1** Days **23**
If less than one day _____ hr. _____ min.

Immediate cause of death **Coronary thrombosis 15 minutes** Duration _____

Due to _____

9. Birthplace **BROWN COUNTY, INDIANA**
(City, town, or county) (State or foreign country)

Due to _____

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

10. Usual occupation **RETIRED BUSINESS MAN**

Major findings: Of operations **CHD**

Of autopsy _____

11. Industry or business _____

12. Name **BARTON STONE DUNHAM**

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

14. Maiden name **SARAH ANN DANIELS**

15. Birthplace **INDIANA**
(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 _____

16. (a) Informant **Mrs. Marie Bartlett**

(b) Address **Maysville Mo.**

17. (a) **BURIAL** (b) Date thereof **11-24-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(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 _____

(c) Place: burial or cremation **SCHUCHMAN CEMETERY**

18. (a) Signature of funeral director **PILCHER FUNERAL HOME**

(b) Address **MAYSVILLE MISSOURI**

23. Signature **W. Harold Taylor** (M. D. or other) **W.H.T.**

Address **MAYSVILLE MO 11-24-47**

19. (a) **11-24-47** (Date received local registrar)

(b) **W. Harold Taylor** (Registrar's signature)

MAR 28 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by her~~ by.....

VERA PILCHER....., Registered Apprentice No. 485
working under my personal supervision.

Signed .....
C. T. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville, 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.