

11-10-39
5-17-39
I X21492

Registration District No. 1095

Primary Registration District No. 4336

Registrar's No. _____

I. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Clarksburg
(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 _____
In this community Entire Life (Specify whether years, months or days) 2

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Clarksburg
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1940 hour 5 minute 15 A M.

21. I hereby certify that I attended the deceased from Nov. 10
1940 to Nov. 15 1940
that I last saw him alive on Nov. 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrothorax Pneumonia ✓
Duration 11/13/40

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 3

23. Signature J. L. Martin (M. D. or other) MD
Address California Date signed 11/16/40

3. (a) PRINT FULL NAME David Allen Dunham

8. (b) If veteran, name war None 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Nancy Dunham 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased January 11, 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 10 4 hr. min.

9. Birthplace Moniteau County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant (7yrs.)

11. Industry or business ---

12. Name Richards Dunham

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

14. Maiden name Jane Robinson

15. Birthplace Cooper County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Audrey B. Vaughan

(b) Address Clarksburg Mo

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

(c) Place: burial or cremation Sappington Cemetery

18. (a) Signature of funeral director Jessie L. Richards

(b) Address Jipton Mo

19. (a) 11-20 (b) J. L. Martin
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

104

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Jemelle E. Richards
Licensed Embalmer No. 2466
P. O. Address Lipton, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39257

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 1095

Primary Registration District No. 4336

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Monteau
 (b) City or town Clarksburg
 (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 _____ (Specify whether)
 years, months or days

3. (a) PRINT FULL NAME David Allen 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 wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 10 4 _____ in _____ min.

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

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 (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 Mo. (b) County Monteau
 (c) City or town Clarksburg
 (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.

20. DATE OF DEATH Month 11 day 5
 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia

Due to Bronchial pneumonia 3 days

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of 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 H. L. Banion (M-D; or other) D.O.

Address California, Mo Date signed 1/31/46

SUPPLEMENTARY

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

S-39257 1940