

V. S. No. 2
5aM-5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41386**

FILED JAN -8 1947
Registration District No. **3046**

Primary Registration District No. **3046**

Registrar's No. **62**

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

1. PLACE OF DEATH:

(a) County **Moniteau Co.**

(b) City or town **California, Mo., Walker**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
California, Mo. /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**

(c) City or town **California, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **California, Mo.**
(If rural, give location)

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

If yes, name country..... **0**

3. (a) PRINT FULL NAME **Margie Louise Dunham**

3. (b) If veteran, name war.....

3. (c) Social Security No. **487.28.1405**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **13** year **1947** hour **2 A.M.** minute..... M.

21. I hereby certify that I attended the deceased from **Nov. 24** 19**47** to **Dec 13** 19**47**

that I last saw her alive on **Dec 13** 19**47** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

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

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

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

7. Birth date of deceased **April 22 1923**
(Month) (Day) (Year)

Immediate cause of death
Intestinal hemorrhage

Due to..... **Typhoid fever**

Due to.....

8. AGE: Years Months Days If less than one day

19 7 24

..... hr. min.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations..... **1**

Of autopsy.....

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

10. Usual occupation **Pants Factory**

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name **Earl Dunham**

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

14. Maiden name **Clizzie Dunham**

15. Birthplace **Moniteau Co.** (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 **Clizzie Dunham**

(b) Address **California Mo**

17. (a) **Burial** (b) Date thereof **Dec, 15. 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Flag Spring Cemt.**

While at work? (Specify type of place).....

(e) Means of injury.....

23. Signature **J. J. Davison** (Physician or other) **D.O.**

Address **California, Mo** Date signed **12/15/47**

18. (a) Signature of funeral director **Bowlin Funeral Home**

(b) Address **California, Mo.**

19. (a) **13-14-43** (b) **A. J. Allen**
(Date received local registrar) (Registrar's signature)

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 Earl R. Borulin

Licensed Embalmer No. 2126

P. O. Address California, Me

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.

[Handwritten scribbles and markings]