

FILED JAN - 8 1943

Registration District No. **2046**

Primary Registration District No. **3046**

Registrar's No. **62**

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  
In this community **Life**  
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**

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)

8. AGE: Years **19** Months **7** Days **24**  
If less than one day hr. min.

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

10. Usual occupation **Pants Factory**

11. Industry or business

12. Name **Earl Dunham**

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

14. Maiden name **Christie Dunham**

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

16. (a) Informant **Christie Dunham**

(b) Address **California Mo**

17. (a) **Burial** (b) Date thereof **Dec, 15. 42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

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

19. (a) **13-14-42** (b) **A. J. Allen**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **13** year **1942** hour **2 A.M.** minute **5** M.

21. I hereby certify that I attended the deceased from **Nov. 24** 19**42** to **Dec 13** 19**42**  
that I last saw her alive on **Dec 13** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Intermittent hemorrhage 6 hours.**  
**Typhoid fever**

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1**  
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) (c) Means of injury **2**  
23. Signature **A. J. Davison** (or other) **D.O.**  
Address **California, Mo.** Date signed **12/14/42**

Duration

**6 hours.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

68  
1-1

68  
1

0

6 hours.

D.O.

1312

**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. Broulin

Licensed Embalmer No. 2126

P. O. Address California, 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.

*[Handwritten scribbles and markings]*