

No. 2
1/47
17-39

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town.....
(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..... years, months or days)

3. (a) PRINT FULL NAME MARGARET E. DUNHAM
3. (b) If veteran, name war..... 3. (c) Social Security No.

5. Color or race..... 6. (a) Single, widowed, married, divorced.....
4. Sex FEMALE race WHITE
6. (b) Name of husband or wife JOHN 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased June 5 1865 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 7 2 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
12. Name..... 13. Birthplace.....
14. Maiden name..... 15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant BESSIE DUNHAM GARVEY
(b) Address 3548 SIDNEY

17. (a) REMOVAL (b) Date thereof JAN 8 1948 (Month) (Day) (Year)

(c) Place: burial or cremation SENECA MO.

18. (a) Signature of funeral director Cullen + Kelly
(b) Address 4386 LINDELL

19. (a) JAN 8 1948 (b) J. F. Budek (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County...
(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")
(d) Street No 3548 SIDNEY (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN day 7 year 1948 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1 1948 to Jan 6 1948 that I last saw him alive on Jan 5 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Hem. Ret. Phlebotomy

Due to: Sensitivity

Due to:

Other conditions: Myocardial Infarction

Major findings: Of operations: none

Of autopsy: none

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?..... (Specify type of place)

While at work? (Specify type of place) (e) Means of injury.....
23. Signature J. F. Budek (M. D. or other) Address 1004 Y. Ward. Date signed 1/7/48.

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

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 _____

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.