

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7622

State File No. _____

MAR 19 1941 574

Registration District No. _____

Primary Registration District No. 5774A

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Monteau
(b) City or town rural Blueview Park, Mo.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Monteau 68
(c) City or town rural Blueview Park, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. South of California Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME John Francis Dunlap

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

4. Sex Male 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 _____

7. Birth date of deceased Oct 3 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>5</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation farmer land

11. Industry or business farm work

12. Name H. J. Dunlap

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

14. Maiden name Rebecca Hart

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

16. (a) Informant W. S. Mc Broom

(b) Address California Mo.

17. (a) Burial (b) Date thereof 3-9-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yarnell Cemetery

18. (a) Signature of funeral director J. W. Wilson & Son

(b) Address California Mo.

19. (a) 3-12-1941 (b) Jessell W. Phillips
(Date received local registrar) (Registrar's name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7
year 41 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-2-1941 to 3-7-1941
that I last saw him alive on 3-6-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia following 3 days Influenza

Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy no

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? 5-0-0

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

23. Signature H.R. Poffejoy (M. D. or other) M.D.

Address California Mo. Date signed 3-8-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by

....., Registered Apprentice No.

working under my personal supervision.

This body was not embalmed

Signed.....

A. E. Wilson

Licensed Embalmer No. *2351*

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.