

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28510

Do not use this space.

REC'D SEP 13 1939

## 1. PLACE OF DEATH

- (a) County Barton Registration District No. 43  
 (b) Township Barton City Primary Registration District No. 5065-  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 53 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

- 541 Snetta Ann Dunlap  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sherman Dunlap

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 2 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 51

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby County, Indiana

FATHER 13. NAME Joseph Marts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan County, Indiana

MOTHER 15. MAIDEN NAME Minerva Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vigo County, Indiana

17. INFORMANT (ADDRESS) Sherman Dunlap, Liberal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Barton City Cemetery Sept 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Roman's Funeral Home, Lamar, Mo.

20. FILED Sept 8, 1939 W P Peck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5<sup>th</sup>, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1939, to Sept. 3, 1939.

I last saw her alive on Sept. 3, 1939. Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset \_\_\_\_\_

Other contributory causes of importance: Myocardial Insufficiency

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury 0, 1939.

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) F. R. Zell, M. D.

43 (Address) Liberal, Mo.

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**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 Carl F. Kowantz  
Licensed Embalmer No. 2247  
P. O. Address Lamar, 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.**