

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37025
Do not use this space.

1. PLACE OF DEATH

(a) County Ripley Registration District No. 750
 (b) Township Douglas Primary Registration District No. 5985
 (c) City or _____
 (d) Street No. _____
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ROBERT DUNLAP

(a) Residence, No. Douglas Mo. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 0 0

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Robert Dunlap Douglas Mo.

FATHER 13. NAME Elliott Dunlap

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford County Mo.

MOTHER 15. MAIDEN NAME Ganet Holliday

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Melrose Iowa

17. INFORMANT (ADDRESS) Elliott Dunlap Douglas Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE 11-4 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Black's mortuary Douglas Mo.

20. FILED 11-5 1938 C. B. Johnson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov-2, 1939, to Nov 4, 1939

I last saw him alive on Nov-2, 1939. Death is said to have occurred on the date stated above, at 6 A.M.

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

Haemato Enterocolitis

Date of onset

Other contributory causes of importance:

Basal meningitis

Name of operation _____ Date of _____

What test confirmed diagnosis? denied Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) J. S. Williams, M. D.
 (Address) Douglas

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-38 I X16925

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.

RECEIVED

District Health Officer No. 5,

District File Number 1139 418

Date Filed 11/3/39

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.