

FILED APR 6 1948-858

Registration District No. _____

Primary Registration District No. **6126**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Taney** ~~GREENE~~ **XXXXXX**
(b) City or town **XXXXXXX Near Protem**
(c) Name of hospital or institution: **Elbow Bend White River**
(d) Length of stay: In hospital or institution **No.**
In this community **No** years, months or days

3. (a) PRINT FULL NAME **Charles H. Dunlap**

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

4. Sex **M** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Leona** 6. (c) Age of husband or wife if alive **32** years

7. Birth date of deceased **Feb 17 1907**
(Month) (Day) (Year)

8. AGE: Years **34** Months **9** Days **5** If less than one day hr. min.

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

10. Usual occupation **Greene Co Surveyor**

11. Industry or business _____

12. Name **George Dunlap**

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

14. Maiden name **Agnes Hasler**

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

16. (a) Informant **Mrs. Leona Dunlap**

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

17. (a) **Burial** (b) Date thereof **Dec 10/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Marys-Springfield**

18. (a) Signature of funeral director **Herman Lohmeyer**

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

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Greene**
(c) City or town **Springfield**
(d) Street No. **1479 S. Fremont Ave.**
(e) If foreign born, how long in U. S. A.? **1** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **22**
year **1941** hour **6** pm minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Accidental drowning in overturn of fishing boat**
Due to **on Elbow Bend of White River near Protem Mo.**
Due to **Body recovered on Dec 7th 1941.**

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

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **Nov 22, 1941**
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **P. H. H. Justice**
Address **Bronson Mo.** Date signed _____

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

APR 6 1942

APR 16 1942

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

Paul F. Potemey
Licensed Embalmer No. *2457*

P. O. Address *Springfield, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12248

Registration District No. 858

Primary Registration District No. 6126

Registrar's No. _____

1. PLACE OF DEATH: Janey Rural

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles H. Dunlap

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2 year 1942 hour _____ minute _____ M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 17 1908
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 34 Months 9 Days _____ If less than one day _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation _____

11. Industry or business _____

Major findings: _____
Of operations _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____
(b) Address _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

(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? _____

18. (a) Signature of funeral director _____
(b) Address _____

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

19. (a) 12-8-41 (b) Naomi Duck
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

S-12248 1942