S. No. 2
M—5-42
5-17-39
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/

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41086

FILED JAN 11 1943

Registration District No. 460

Primary Registration District No. 3629

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Crystal City
(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 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 50

(a) State Missouri (b) County Jefferson

(c) City or town Crystal City
(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 ✓ 0

3. (a) PRINT FULL NAME Florence S. Dunlap

3. (b) If veteran, name war No

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grant Dunlap

6. (c) Age of husband ~~or wife~~ if alive 76 years

7. Birth date of deceased September (Month) 14 (Day), 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	1	16	..... hr. ..... min.

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

10. Usual occupation Housework

11. Industry or business Own home

FATHER
12. Name James Wesley
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Helen Mitchell
15. Birthplace Unknown (City, town, or county) North Carolina (State or foreign country)

16. (a) Informant R. S. King
(b) Address St. Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis County

18. (a) Signature of funeral director Gentry R. Pollitt
(b) Address Crystal City Mo.

19. (a) Nov. 8, 1942 (Date received local registrar) (b) H. P. C. King (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1942 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from Aug 30/42, 19..., to Oct 29, 1942
that I last saw h— alive on Oct 29, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) 93d	
Major findings: Of operations —	
Of autopsy —	

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

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? — (e) Means of injury —

23. Signature J F Donnell (M. D. or other)
Address Crystal City Mo Date signed Oct 30/42

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(Licensed Embalmer's Statement on Reverse Side)

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 Gentry R. Pollitte

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.