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2-43
7-39
X35697

FILED MAY 8 1944

Registration District No. 0196

Primary Registration District No. 5961

1. PLACE OF DEATH:

(a) County Platte

(b) City or town East Leavenworth (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
at home See, I up.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 28 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Elza Dewey Dunlap

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color of hair White

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

(b) Name of husband or wife Rose Warren Dunlap

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 29 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>8</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Mount Rose Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Grain & stock

MOTHER FATHER

12. Name Adam Dewey Dunlap

13. Birthplace dark snow Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Paxton

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

16. (a) Informant Carla Dunlap

(b) Address East Leavenworth Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Mar. 27 - 44
(Month) (Day) (Year)

(c) Place: burial or cremation Platte City

18. (a) Signature of funeral director Lloyd J. Francis

(b) Address Parkville Mo

19. (a) 4-22-44
(Date received local registrar)

(b) Mrs. Clay Siffert
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Platte 82

(c) City or town East Leavenworth Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles N. W. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 26, 1944, to Mar. 26, 1944, that I last saw him dead Mar. 26, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to _____

Due to _____

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

Major findings: Of operations none

Of autopsy Body viewed

Duration _____

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) Accident

(b) Date of occurrence March 26 1944

(c) Where did injury occur? East Leavenworth Platte Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? no (Specify type of place) _____
(c) Means of injury none

23. Signature M. H. Moore (M. D. or other) coroner

Address Earhart

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

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed _____

14 56
1949-2-26
1871-6-29

72-8-27

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 Me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.