

FILED APR 29 1946

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
1037 West 71st Street Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1037 West 71st Street Terrace
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Anna Mary Dunlop

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

4. Sex female 5. Color or race white 6. (e) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Robert James Dunlop 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased June 20 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 6 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name James B. Haslet
13. Birthplace unknown, 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Gilmore
15. Birthplace unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen E. Tuthill
(b) Address 1037 W. 71st St. Ter, K. C., Mo.

17. (a) burial (b) Date thereof 3-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-27-46 (b) Shiraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1946 hour 6:35 minute P. M.

21. I hereby certify that I attended the deceased from Sept 1944 to March 26 1946
that I last saw her alive on May 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Progressive bulbar paralysis 6 mo
arterial sclerosis 19 mo
arterial thrombosis 19 mo
arterial hypertension 15 yrs.
General cerebral malacia

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 82'
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?
While at work? (Specify type of place) (Specify means of injury)

23. Signature Herbert Tuthill (M. D. or other)
Address 1211 Reals Bldg Date signed Mar 27 46

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

8302

Dr. Tutthill

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 *John A. Sheppard*
Licensed Embalmer No. *4179*
P. O. Address *N. C. 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.