

No. 2
-12-45
5-17-39
X47070

FILED OCT 16 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4172

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5533 HOLMES STREET 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 35 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL.")

(d) Street No. 5533 HOLMES STREET
(If rural, give location)

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

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3. (a) PRINT FULL NAME MR. RALPH LEONARD DUNLAP

(b) If veteran, name war No

(c) Social Security No. 487-01-0929

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 1 ST
year 1946 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from Aug
24, 1946 to 19/1, 1946
that I last saw him alive on 19/1, 1946
and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. ELIZABETH C. DUNLAP

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased FEBRUARY 22 1873
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 6 wks

Due to not known; probably
arterio-sclerosis. Distended 6 coils

Due to a fractured hip also
the same day

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

8. AGE: Years Months Days If less than one day

73 7 9 hr. _____ min.

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

10. Usual occupation ENGINEER

11. Industry or business JOHN H. KITCHEN

12. Name JAMES DUNLAP

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

14. Maiden name EMMA MITCHELL

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

16. (a) Informant Mrs. Elizabeth Dunlap

(b) Address 5533 Holmes

17. (a) BURIAL (b) Date thereof 10-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director D. H. Newcomer, Sen.

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 10-3-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: Of operations None 1946/18

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) accident

(b) Date of occurrence 8-29-46

(c) Where did injury occur? K.C. Jackson, 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 fall

23. Signature J. P. [unclear] (M. D. or other) MD

Address 907 Realta Date signed 10/2/46

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

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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 *Carl Kapp*

Licensed Embalmer No. *03458*

P. O. Address. *K.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.