

FILED OCT 28 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 231

Primary Registration District No. 8048

Registrar's No. 155

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Maryville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1304 East Jenkins  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Maryville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1304 East Jenkins (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert William Dunlap

3. (b) If veteran, name war World War # 1 3. (c) Social Security No. 488-14-5832

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased March 5, 1899  
(Month) (Day) (Year)

8. AGE: Years 47 Months 7 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Painter

11. Industry or business \_\_\_\_\_

12. Name J. G. Dunlap

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

14. Maiden name Mary Ritchie

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

16. (a) Informant J. G. Dunlap (Sparta Road)

(b) Address St. Joseph, Missouri

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

(c) Place: burial or cremation mt arburn Cemetery

18. (a) Signature of funeral director Peace Funeral Home

(b) Address Maryville Mo

19. (a) Oct 19 1946 (b) Beas Holt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15 year 1946 hour 5 minute 5 M.

21. I hereby certify that I attended the deceased from Oct 14 1946, to Oct 15 1946 that I last saw him alive on Oct 15 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Alcoholism

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 77C

Of autopsy \_\_\_\_\_

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)

(e) Means of injury \_\_\_\_\_

23. Signature J. G. Gerten (M. D. or other) MD

Address Maryville Date signed 10.16.46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

DEC 10 1945

**DISTRICT HEALTH OFFICE**  
Cameron, Mo

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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..... *W. M. L. Gee* .....

Licensed Embalmer No. *2539* .....

P. O. Address..... *Marionville* .....

**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.**