

S. No. 2  
OM-5-43  
ev. 5-17-39  
I X36871

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **44158**

Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **453**

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

**1. PLACE OF DEATH:**

(a) County Callaway

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

(c) Name of hospital or institution: Callaway County Hospital **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution TWO Weeks  
44 Years (Specify whether years, months or days)

In this community 44 Years (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** James Vardeman Dunlap

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

4. Sex Male **0** 5. Color or race White

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

6. (b) Name of husband or wife Jessie Bell Dunlap 6. (c) Age of husband or wife if alive 15 years 1888

7. Birth date of deceased Sept 15 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>3</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace N. E. Fulton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

12. Name Richard Crump Dunlap

13. Birthplace N. E. Fulton Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Margaret Berry

15. Birthplace S. E. Fulton Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Bell Dunlap

(b) Address Fulton, Missouri R. F. D. #

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Dunlap Cemetery near Fulton

18. (a) Signature of funeral director Hallace Funeral Home  
7 W 6th St. Fulton, Missouri

(b) Address \_\_\_\_\_

19. (a) 1-2-48 (Date received local registrar) (b) Jessie Marsinkhoff (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Callaway **14**

(c) City or town Fulton **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. # 1 **0**  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 30  
year 1947 hour # 3 minute 55 P.M.

21. I hereby certify that I attended the deceased from Mar-1946  
Dec 30 1947  
that I last saw him alive on Dec 30 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmar Pneumonia Duration \_\_\_\_\_

Due to following a yr of chronic myocardial

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

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **0**

23. Signature J. P. Lewis (M. D. or other) **0**  
Address Fulton Mo Date signed 12/31/47

FILED JAN 15 1948

RECEIVED  
District Health Officer No. 9,  
District #11, Hartford  
Date Filed 1-15-48

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.....

*Walter J. Haines, Jr.*  
working under my personal supervision.

Registered Apprentice No.....

Signed *Perzil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Fulton 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.