

FILED SEP 20 1948

State File No. _____

Registration District No. 39

Primary Registration District No. 4094

Registrar's No. 158

1. PLACE OF DEATH
 (a) County CASS
 (b) City or town GARDEN CITY, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(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 4 YEARS

3. (a) PRINT FULL NAME OMER L. DUNLEVY
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race Wh.
 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased: August 2 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 7
 If less than one day hr. _____ min. _____

9. Birthplace Washington Co Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant (retired)

11. Industry or business _____

MOTHER FATHER
 12. Name George M. Dunlevy
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Jane Bess
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Wm Bell
 (b) Address Garden City, Mo

17. (a) Burial (b) Date thereof 9-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Strsburg, Mo

18. (a) Signature of funeral director G. W. ...
 (b) Address East Lynn Mo.

19. Sept-11-1948 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County CASS
 (c) City or town GARDEN CITY, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
 year 1948 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 10 1947 to Sept 9 1948
 that I last saw him alive on Sept-4 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Chronic Myocarditis
 Due to Arteriosclerosis
 Due to Senility
 Other conditions: _____
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy 92 B

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) (d) Means of injury

23. Signature David Strong (M. D. or other) _____
 Address Harrisonville Mo Date signed 9-10-48

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

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..... *A. D. Hartzler*

Licensed Embalmer No. *2717*

P. O. Address *East Lynne*

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.