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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4063 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hamilton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hamilton</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>N.E. Hamilton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in N.E. Hamilton</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Hamilton</u>	

3. NAME OF DECEASED (First) Adelaide (Middle) E (Last) Dunlap 4. DATE OF DEATH (Month) (Day) (Year)  
Dec 21 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Married 8. DATE OF BIRTH Dec 6, 1876 9. AGE (In years last birthday) Months Days Hours Min.  
74 0 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife 10b. KIND OF BUSINESS OR INDUSTRY  
Household 11. BIRTHPLACE (State or foreign country)  
Eldridge Wis! 12. CITIZEN OF WHAT COUNTRY?  
USA

13a. FATHER'S NAME Richard Finckh 13b. MOTHER'S M maiden name Elizabeth Pakes 14. NAME OF HUSBAND OR WIFE  
George Dunlap

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, use of unknown) (If yes, give war or dates of service)  
No 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
George Dunlap Hamilton Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs. +</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>331X</u>			

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hamilton</u> <u>Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from Dec 20, 1950, to Dec 21, 1950, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:40 a. m., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Booch (Degree or title) M.D. 23b. ADDRESS Hamilton, Mo 23c. DATE SIGNED 12-22-50

24a. BY RIAL, CREMATION, REMOVAL (Specify) Removed 24b. DATE Dec 23 1950 24c. NAME OF CEMETERY OR CREMATORY Highland Cem 24d. LOCATION (City, town, or county) (State)  
Hamilton Mo

DATE REC'D BY LOCAL REG. Jan 11 - 51 REGISTRAR'S SIGNATURE Gladys Jones 37 1/2 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Frank Thomas Home Hamilton Mo

(Licensed Embalmer's Statement on Reverse Side)



**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Marion A. Brown

Licensed Embalmer No. 3918

P. O. Address Hamilton

**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.