

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9077**
978
Registrar's No.

FILED MAR 21 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 50 yrs.		e. STREET ADDRESS (If rural, give location) 25 West 68th Terrace	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cresthaven N.H., 3516 Summit			

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) ELIZABETH	c. (Last) DUNLAP	4. DATE OF DEATH (Month) (Day) (Year) March 4, 1956
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 29, 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Boston, Massachusetts	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Sanderson	13b. MOTHER'S MAIDEN NAME Sarah Carnuthers	14. NAME OF HUSBAND OR WIFE George W. Dunlap
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 495-24-2903	17. INFORMANT'S SIGNATURE OR NAME Arthur W. Dunlap, 25 W. 68 Terr., K.C. Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) secondary ca. liver		2 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) carcinoma L. breast		4 yrs.
DUE TO (c) slow degen. arter. h. knee		170X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Apr. 1948, to 3/4, 1956, that I last saw the deceased alive on 3/4/56, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE James P. Jarvis M.D.	(Degree or title)	23b. ADDRESS Kansas City, Mo.	23c. DATE SIGNED 3/5/56
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3/7/56	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 3-6-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.	ADDRESS K.C. MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD James A. Jarvis

Dr. James A. Jarvis
236 Playa Terrace
St. L. 2020

Eff 5:15

after 1:30

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elmer D. Triplett*

Licensed Embalmer No. *4817*

P. O. Address *San Francisco, Calif.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.