

NOV 18 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

35915  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398  
(b) Township Blue Primary Registration District No. 5554  
(c) City Independence (d) Street No. 1846 Sterling Ave. St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lida M. Dunlap

(a) Residence, No. 1846 Sterling Ave. St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lyman Dunlap

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12 - 27 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
89 9 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NONE  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Salem Ohio

FATHER 13. NAME John Fasig  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record No Record

MOTHER 15. MAIDEN NAME No Record  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record No Record

17. INFORMANT Harry L. Dunlap  
(ADDRESS) 1846 Sterling, Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wt. Washington DATE 10-17-38

19. FUNERAL DIRECTOR Henry W. Stahl  
(ADDRESS) 815 W. Maple Ave. Indep. Mo.

20. FILED 10-18-38 F. L. Cook  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 15 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1936, 1936, to Oct 15, 1938

I last saw her alive on Oct 15, 1938. Death is said

to have occurred on the date stated above, at 9:50 AM  
The principal cause of death and related causes of importance were as follows:

Senility  
Cystitis  
Senile Dementia  
Cystitis  
Date of onset

Other contributory causes of importance:  
Senile Dementia  
Cystitis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify George M. Paek, M. D.  
(Signed) \_\_\_\_\_ (Address) 11037 Winner Rd Indep, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 31 1945

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**