

1939 FEB 21 1939

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

1678
Do not use this space.

1. PLACE OF DEATH
 (a) County Rochester Registration District No. 35
 (b) Township _____ Primary Registration District No. 1001 Registered No. 75
 (c) City St. Joseph, Mo. (d) Street No. 2713 Montgomery Street 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.
 51
 2. PRINT FULL NAME Myrtle Vivian Dunbar
 (a) Residence, No. 2713 Montgomery Street St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John D. Dunbar
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 2 24
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. housewife
 10. Date deceased last worked at this occupation (month and year) Jan. 15, 1939 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 FATHER 13. NAME James Hiland
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know
 MOTHER 15. MAIDEN NAME don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) H. V. Dunbar
2710 Genesee St. St. Joseph
 18. BURIAL, CREMATION, OR REMOVAL PLACE 1 mile south of St. Joseph
Travis Cemetery DATE Jan. 26, 1939
 19. FUNERAL DIRECTOR (ADDRESS) H. A. Sullivan
Goway, Missouri
 20. FILED Jan. 25, 1939 H. J. Nestleford
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 24, 1939
 22. I HEREBY CERTIFY That I viewed deceased from Jan 24th, 1939, at 4:45 P.M.
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Acute Coronary Thrombosis Date of onset Jan 18
 Other contributory causes of importance: none
 Name of operation _____ Date of _____
 What test confirmed diagnosis? History Was there an autopsy? no
 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 B. W. Tadlock Coroner, M. D.
 (Address) King Hill Bldg

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.

RECORD IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, H. A. Sullivan, Licensed Embalmer No. 1738

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

L. E.

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

working under my personal supervision.

Signed H. A. Sullivan

Licensed Embalmer No. 1738

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.)