DEC'D MAY 10 1939

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

13769
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kan
or
(c) City Kan
Registration District No. 399
Primary Registration District No. 1002
Registered No. 1523
(d) Street No. 1618 Harrison 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 541 HARVEY. DUNLOP
(a) Residence, No. 1618 Harrison 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 Male
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unk. Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 30 1885
7. AGE YEARS 54 MONTHS 1 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

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.
10. Date deceased last worked at this occupation (month and year) Loft
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

FATHER
13. NAME John Dunlop
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

MOTHER
15. MAIDEN NAME Aynthia Toalpue
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (ADDRESS) Emma Jackson 1618 Harrison
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE April 12 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) B L Graham 2208 Vine St.
20. FILED Apr 10 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7-39, 19
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 11 30 A.M.
The principal cause of death and related causes of importance were as follows:
Sclerotic Cortitis & Aneurysm 96
Date of onset

Other contributory causes of importance:

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? 4
If so, specify .....
(Signed) Russell W Kerr, M. D.
(Address) Kan

(Licensed Embalmer's Statement on Reverse Side)

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.

...UNFADING INK—THIS IS 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 L. J. Harris, Sr.

Licensed Embalmer No. 5388

P. O. Address 1409 E 12th St, K

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.