

REC'D JUL 14 1938

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

22197

Do not use this space.

1. PLACE OF DEATH

(a) County Grundy Registration District No. 129
(b) Township Mason Primary Registration District No. 5H5HA
(c) City _____ (d) Street No. _____ 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 Mrs. Laverna Mamma Dunlap

(a) Residence, No. _____ 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) widowed
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SC Dunlap
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 5 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House keeper
9. Industry or business in which work was done, as saw mill, bank, etc. None
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) Van Buren Co GaFATHER 13. NAME Geo Douglas14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.MOTHER 15. MAIDEN NAME Mary Lewis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.17. INFORMANT (ADDRESS) Mrs. Magye Dunlap Galt mo18. BURIAL, CREMATION, OR REMOVAL PLACE Royalvale DATE 6-7-193819. FUNERAL DIRECTOR (NAME) (ADDRESS) PK Payne & Son Galt mo20. FILED June 10, 1938 J. C. Humphreys Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 193822. I HEREBY CERTIFY That I attended deceased from 11-11, 1938 to 6-5, 1939I last saw her alive on 6-5-39 1939. Death is said to have occurred on the date stated above, at 9:30am

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
Date of onset 131

Other contributory causes of importance:

Chronic interstitial nephritis

Name of operation none Date of _____What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 1938Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Ray J. Gray, M. D.(Address) Latebo mo.301

Office Number 739-888

Date Filed JUL 18 1939

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,

PK Payne Jr

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *PK Payne Jr*

Licensed Embalmer No. 3400

P. O. Address Galt mo

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, above space should be left blank.