S. No. 2
I—1-1-41
. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5968

Primary Registration District No.

Registrar's No. 740

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital #2 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11-18-40-2-10-41 (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1209 Vine St.
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Josephine Dunlap
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July 27 (Month) (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
82	6	14	hr. min.

9. Birthplace Baton Rouge (City, town, or county) / Louisiana (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business
FATHER
12. Name James Collins
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Record Clerk
(b) Address General Hospital #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20 (Month) (Day) 1941 (Year)
(c) Place: burial or cremation Westlawn Cemetery
18. (a) Signature of funeral director Nathan Matthis
(b) Address 1520 N. 5th Street
19. (a) 2/20/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 10
year 41 hour 3 minute 30 A. M.
21. I hereby certify that I attended the deceased from 11-18- 1940 to 2-10- 1941
that I last saw her alive on 2-10- 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	
Due to 131	
Due to 131	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury O
23. Signature R. C. Turner (M. D. or other)
Address Gen. Hosp. #2 Date signed 2-10-41

(Licensed Embalmer's Statement on Reverse Side)

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 Nathan W Matcher

Licensed Embalmer No. 2720

P. O. Address 1520 N. 5th St.

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, fact should be so stated above.