

Registration District No. **266**

Primary Registration District No. **5370**

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Springcreek Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
(Specify whether years, months or days)
In this community most of her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Springcreek Twp
(If outside city or town limits, write "RURAL")
(d) Street No. XX
(If rural, give location)
(e) If foreign born, how long in U. S. A? XX years

3. (a) PRINT FULL NAME

Cecil Leanner Dunlap
3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James Dunlap 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Jan 6 1893
(Month) (Day) (Year)

8. AGE: Years 48 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business XX

12. Name William Vance

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elzora Bedwells

15. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J.P. Dunlap
(b) Address Salem Mo

17. (a) burial (b) Date thereof 3/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boss Cem

18. (a) Signature of funeral director Carl Spencer
(b) Address Salem Mo

19. (a) March 9 1941 (b) F. E. Suttler M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1941 hour 12: minute 00 mid.

21. I hereby certify that I attended the deceased from Feb 1, 1941, to March 4, 1941;
that I last saw her alive on March 4, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Purpuses of Liver

Due to Rheumatism

Due to 174

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy no

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? ✓

(e) Means of injury 24

23. Signature Dr. F. E. Suttler (M. D. or other) ✓
Address Salem Mo Date signed 2-8-41

Duration

3 months
2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

33
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 5,

District File Number 441515-

Date Filed _____

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 _____

Licensed Embalmer No. 3806

P. O. Address Salem, 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, fact should be so stated above.