DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

Registration District No. [illegible]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6038

Primary Registration District No. 5131

Registrar's No. 77

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Harviell (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 9 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Butler

(c) City or town: Harviell (If outside city or town limits, write "RURAL")

(d) Street No.: R.F.D. #1 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Goldie Carrell Dunlap

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: ✓

6. (b) Name of husband or wife: ✓

6. (c) Age of husband or wife if alive: ✓ years

7. Birth date of deceased: Apr. (Month) 28 (Day), 1941 (Year)

8. AGE: Years ____ Months 9 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace: Harviell (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: ✓

11. Industry or business: ✓

FATHER
12. Name: Lonnie Dunlap
13. Birthplace: Lawrence Co. (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name: Bernice Smith
15. Birthplace: Harviell (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature: Lonnie Dunlap

(b) Address: R-1, Harviell Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-9-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Butler Co. Mo.

18. (a) Signature of funeral director: Black's Mortuary

(b) Address: Corning Ark.

19. (a) 2/8/42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8 year 1942 hour 3:00 minute P M.

21. I hereby certify that I attended the deceased from Feb 6, 1942 to Feb 8, 1942 that I last saw h. alive on Feb 8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial pneumonia	
Due to: Bronchitis	
Due to:	
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 107
Of autopsy: no

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:

23. Signature: [illegible] (M. D. or other)

Address: Naylor Mo Date signed: 3/9/42

(Licensed Embalmer's Statement on Reverse Side)

3-6-42

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

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.

Rev. 5-17-39 1 X19511

RECEIVED
District Health Office No. 2,
District File Number 342-396
Date Filed 3-18-42

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.....

P. O. Address.....

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.