

S. No. 2  
A-1-4-41  
v. 5-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 23 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15092

State File No. ....

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Maryville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Martin Luther Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 1 day years, months or days)

3. (a) PRINT FULL NAME RICHARD PAUL DUNLAP

3. (b) If veteran, name war  3. (c) Social Security No.

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive, years \_\_\_\_\_

7. Birth date of deceased. December 14 1935  
(Month) (Day) (Year)

8. AGE: Years 6 Months 3 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ira J. Dunlap

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

14. Maiden name Flora Mae Boone

15. Birthplace Ellsworth Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ira J. Dunlap

(b) Address Fairfax, Missouri

17. (a) Removal (b) Date thereof 4/15/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation English Grace Cemetery

18. (a) Signature of funeral director Edwards Funeral Home

(b) Address Fairfax, Missouri

19. (a) April 13, 1942 (b) Mary Cole  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 miles southeast of Fairfax Mo.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
year 1942 hour Three minute 45 P.M.

21. I hereby certify that I attended the deceased from April 8  
1942 to April 13 1942

that I last saw him alive on April 12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death apendicitis Duration 20 hours

Due to Chronic Bronchitis, following 3 mo. pertussis.

Also Diabetic acidosis unknown

Other conditions 12/11  
(Include pregnancy within 3 months of death)

Major findings: Ruptured appendix

Of operations peritonitis, sigmoidos-

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Marvin T. McDonald M. D. or other Al. O.

Address Fairfax Mo Date signed 4-13-42

1268 (Licensed Embalmer's Statement on Reverse Side)

APR 3 1957

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**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 Marvin H. Schaefer  
Licensed Embalmer No. 4162  
P. O. Address Fairfax, Missouri

**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.**