. S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

Registration District No. 749

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36184

Primary Registration District No. 1002

Registrar's No. 4356

48
3
6

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 No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11-17-42-11-21-42 (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 1216 Olive
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: ELZIE DUNLAP

3. (b) If veteran, name war:

3. (c) Social Security No. 708-10-2258

4. Sex: Male 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Sarah Dunlap

6. (c) Age of husband or wife if alive: 36 years

7. Birth date of deceased: March (Month) 4 (Day) 1895 (Year)

8. AGE: Years 47 | Months 8 7 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace: Moorehouse Parish (City, town, or county) Louisiana (State or foreign country) 1

10. Usual occupation: Laborer

11. Industry or business: Industry

FATHER
12. Name: William Dunlap
13. Birthplace: Helena (City, town, or county) Arkansas (State or foreign country) 1

MOTHER
14. Maiden name: Jane Johnson
15. Birthplace: (City, town, or county) Louisiana (State or foreign country) 1

16. (a) Informant: Record Clerk
(b) Address: General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland

18. (a) Signature of funeral director: Brady Funeral Home
(b) Address: K-C, Mo.

19. (a) 11-24-42 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1942 hour 3 minute 45 a. M.

21. I hereby certify that I attended the deceased from November 17, 1942, to November 21, 1942; that I last saw him alive on November 21, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal Bronchopneumonia

Due to: Lymphosarcoma with invasion of spinal canal

Due to: 554

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy: Same as above

Duration

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: 0

23. Signature: [illegible] (M. D. ~~or other~~)
Address: Gen. Hosp. #2-600 E. 22 Date signed 11-23-42

(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 _____

Licensed Embalmer No. 1271

P. O. Address Kansas City 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.