

Registration District No. **149**

Primary Registration District No. **1002**

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:
1121 East 11th Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **30 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Sara Malinda Dunlap**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mr. Shannon Dunlap**

6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased: **August 26 1860**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 5 12 28 hr. min.

9. Birthplace: **Roadhouse Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **---**

MOTHER FATHER { 12. Name **Wiley Sandusky**

13. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Margaret Nettles**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Grace Jones**

(b) Address **1121 East 11th Street-1st Floor**

17. (a) **Burial** (b) Date thereof **Feb. 10, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial **Memorial Park Cemetery**

18. (a) Signature of funeral director **O. H. Newcomer's Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **2-10-43** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

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. **1121 East 11th Street**
(If rural, give location)

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

If yes, name country **---**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **8th**
year **1943** hour **8** minute **0** P. M.

21. I hereby certify that I attended the deceased from **Feb 4** 19**43** to **Feb 8** 19**43**

that I last saw him **alive on** 19**---** and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia lobar, febrile**

Due to **Senility**

Due to **108**

Other conditions **---**
(Include pregnancy within 3 months of death)

Major findings: Of operations **---**

Of autopsy **---**

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? **---**

While at work? **---** (Specify type of place) (c) Means of injury

23. Signature **O. H. Newcomer** (M. D. or other) **M.D.**

Address **1012 Arroyo** Date signed **2/9/43**

