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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6202

State File No. \_\_\_\_\_

FILED FEB 18 1943

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Dent  
(b) City or town Salem  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X (Specify whether \_\_\_\_\_)  
In this community about six months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33  
(c) City or town Salem 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT

FULL NAME Barbara K Dunlap

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

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife James R Dunlap 8. (c) Age of husband or wife if alive X years

7. Birth date of deceased Sept 21 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 4 7 hr. min.

9. Birthplace Washington County, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

12. Name Huston Dotson

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

14. Maiden name Margaret N Larimore

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

16. (a) Informant Arthur Dunlap

(b) Address Salem Mo

17. (a) burial (b) Date thereof Jan 30 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dillard / Cem

18. (a) Signature of funeral director Chas Spurr  
(b) Address Salem Mo

19. (a) 1-29-43 (b) Jan. D. McLeod by M.B.G.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28  
year 1943 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Jan 28 to Jan 28, 1943  
that I last saw him alive on Jan 28, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Popliteal

Due to Rheumatism

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 59c

Of autopsy \_\_\_\_\_

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 W. L. Lillard (M. D. or other)  
Address Salem Mo Date signed 1-29-43

Duration 3 1/2 hrs  
4 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health

Officer No. 5,

District File Number

243129

Date Filed

9-15-43

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

*Carl H. Spurr*

Licensed Embalmer No.

2370

P. O. Address

*Salem Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.