

FILED AUG 5 1943

Registration District No. 1000

Primary Registration District No. 1000

826

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: St. Josephs Hosuitalo
(d) Length of stay: In hospital or institution 4 days
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town DeKalb
(d) Street No.
(e) Citizen of foreign country? no

3. (a) FULL NAME MAGGIE DUNLAP

(b) If veteran, name war none (c) Social Security No. none

4. Sex female 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.

7. Birth date of deceased April 27 1869

8. AGE: Years 74 Months 2 Days 21

9. Birthplace DeKalb Missouri

10. Usual occupation at home

11. Industry or business

12. Name Allen H. Duniap

13. Birthplace Louisville Kentucky

14. Maiden name Ann Aliee

15. Birthplace unknown 9

16. (a) Informant Mrs. Jennie Gardner

(b) Address DeKalb, Mo.

17. (a) burial (b) Date thereof 7/20/43

(c) Place: burial or cremation Westlawn Cemetery

18. (a) Signature of funeral director

(b) Address St. Joseph, Mo.

19. (a) 7/19/43 (b) Rose Heizer

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1943 hour 2 minute 30P M.

21. I hereby certify that I attended the deceased from July 17 1943 to July 18 1943 that I last saw him alive on July 18 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Haemorrhage from stomach

Due to: Carcinoma of stomach

Other conditions: 46 lb

Major findings: Of operations Not done

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? (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: J. Gardner (M. D. or other) Address: St. Joseph, Mo. Date signed: 7-19-43

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Kirk, Bldg.

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 *Frank A. Bennett*

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.