

FILED APR 13 1944

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

Registration District No. 33

Primary Registration District No. 3011

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Carrollton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 213 E. Third Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 3 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll  
(c) City or town Carrollton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 213 E. 3rd Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BETTIE W. DUNKOP

3. (b) If veteran, name war N 3. (c) Social Security No. 710

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Robert Dunkop 6. (c) Age of husband or wife if alive Dead years  
7. Birth date of deceased June 1 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

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

MOTHER FATHER { 12. Name Harris Wilson  
13. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Clark Walker  
15. Birthplace Ta. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant H. N. Wilcox  
(b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof 3-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Willis Marshall

(b) Address Carrollton Mo.

19. (a) 3-11-44 (b) Wm James Bellamy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 8  
year 1944 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from 3-6-44  
\_\_\_\_\_, 19\_\_\_\_, to 3-8, 19\_\_\_\_  
that I last saw her alive on 3-8, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Embolic - Cardiac sudden  
Due to Cellulitis of legs 3 days  
Due to Diabetes mellitus ?  
Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death) General

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 61  
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 none  
(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 new

23. Signature Engelhart (M. D. or other) M.D.  
Address Carrollton Date signed 3-9-44

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

1053

RECEIVED

District Officer No. 8,

District File Number

Date Filed

4-12-44

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 myself,  
Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2528

P. O. Address Carrollton 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.