

FILED APR 10 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12364

Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 353
 (b) Township Shenard Primary Registration District No. 6196 Registered No. _____
 (c) City Fuckling (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Henry Walter Dunlap
 (a) Residence, No. _____ St. (If nonresident, give city or town and State) 1
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Dunlap

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 1

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
Retired

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford County, Mo

FATHER
 13. NAME E. Clark Dunlap

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keysville, Mo

MOTHER
 15. MAIDEN NAME Mary Luengstone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (NAME) Paula Swartz

18. BURIAL, CREMATION, OR REMOVAL PLACE Keysville Cem DATE 2-22-44

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith & Ferguson, Fuckling, Mo

20. FILED 416 1944 Maggie Wilson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19, 1944

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1944 to Feb 19, 1944

I last saw him alive on Feb 19, 1944. Death is said to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

Branch Pneumonia Date of onset _____

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Paula Swartz, M. D.

(Address) Fuckling, Mo

RECEIVED

District Health Officer No. 5

District File Number

444228
7-8-44

Date Filed

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

Robert Ferguson

Licensed Embalmer No.

3945

P. O. Address

Licking 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, above space should be left blank.