

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
803 Worley West 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 803 Worley 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIJAH SCOTT DUNLAP

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

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

6. (b) Name of husband or wife Emma Susan Dunlap 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 5 1966
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 10 21 hr. min.

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

10. Usual occupation H farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Richard C. Dunlap

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

14. Maiden name Susan Margaret Kelly

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

16. (a) Informant Emma Susan Dunlap
(b) Address 803 Worley

17. (a) removal (b) Date thereof March 27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hutton Mo

18. (a) Signature of funeral director Wallace Farmer
(b) Address Home Hutton Mo

19. (a) 3-27-1944 (b) Edna H Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 44 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 24 1944 to March 26 1944
that I last saw him alive on March 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis cerebral 2 days
Duration _____

Due to Arterio-sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 83 R
Of autopsy _____

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) (e) Means of injury _____

23. Signature E. D. B. Skedd (M. D. or other) MD
Address Columbia Mo Date signed 3/27/44

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-20-44

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Wenig C. Browning

Licensed Embalmer No.

2724

P.O. Address

Hutton 2nd

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.