

FILED SEP 13 1944  
1/20

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27707

Registration District No. ....

Primary Registration District No. 5444

State File No. ....

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Yentay  
(b) City or town Rural Athens Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Three mile south west of New Hampton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Three Days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Ottawa <sup>999</sup>  
(c) City or town Ottawa Kansas <sup>17</sup>  
(If outside city or town limits, write "RURAL") <sup>0</sup>  
(d) Street No. City (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Melissa May Dunlap

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife George Dunlap 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased June 30 1873  
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Harrison County MO (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Joseph Wright  
13. Birthplace Indiana (City, town, or county) (State or foreign country)  
14. Maiden name Mary McHenry  
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Campbell  
(b) Address New Hampton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22 1944  
(Month) (Day) (Year)  
(c) Place: burial or cremation Wesley Chapel

18. (a) Signature of funeral director W. H. Hobbs  
(b) Address New Hampton Mo

19. (a) Sept 6 - 1944 (Date received local registrar) (b) Home M. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20  
year 1944 hour 10 minute 45 P.M.  
21. I hereby certify that I attended the deceased from Aug 20 1944 to \_\_\_\_\_ 19\_\_\_\_  
that I last saw h. al alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to Chronic Myocarditis  
Acute Indigestion

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 93d  
Of autopsy \_\_\_\_\_

Duration

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 2  
23. Signature Dr. R. L. Green (M. D. or other) DO.  
Address New Hampton Mo Date signed Sept 4

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

MOTHER FATHER

*Handwritten notes, possibly a name and address, mostly illegible due to fading and bleed-through.*

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed W G Noble.....

Licensed Embalmer No. 2904.....

P. O. Address New Hampton MD.....

**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.**