S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6231

State File No.

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 43

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 weeks (Specify whether years, months or days)
In this community 55 years

2. USUAL RESIDENCE OF DECEASED:

93 5

(a) State Missouri (b) County St. Cla
(c) City or town Osceola (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Mabel Dunlap

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife T. L. Dunlap

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased May (Month) 6 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
65	9	6	hr. min.

9. Birthplace Osceola Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business

FATHER
12. Name Franklin P. Hostetter
13. Birthplace Beamsville (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name Mary E. Linney
15. Birthplace Danville (City, town, or county) Kentucky / (State or foreign country)

16. (a) Informant T. L. Dunlap
(b) Address Osceola Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Osceola Cemetery

18. (a) Signature of funeral director Osceola Funeral Home
(b) Address Osceola Missouri

19. (a) Feb 16 1945 (Date received local registrar) (b) Ivy Kitchen, Deputy (Registrar's signature)

1047

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12
year 1945 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-10-44 to 2-12-45 that I last saw h.. alive on 1-31-45 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Malignancy of colon -	1 yr +
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Ruth Seevers (M. D. or other)
Address Osceola Mo Date signed 2-18-45

Nov-16

RECEIVED
District Registrar's Officer No. 7,
District Filing No. 2-45-161
Date Filed 3-9-45

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 J B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.