

FILED OCT 8 1945 STANDARD CERTIFICATE OF DEATH

State File No. 30546

Registration District No. 128

Primary Registration District No. 5467

Registrar's No.

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Willard, Mo. R. 2**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **12 yrs** **Rock Hill, S.C. 7 yrs**
(If born hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)
In this community **12 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene 39**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **Willard, Mo. R. 2**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Charles Henry Dunlop

(b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **June 10 1890**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 3 21 hr. min.

9. Birthplace **Streator Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **Patrick & Preston**

12. Name **Ireland 4**

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

14. Maiden name **Nellie J. Dunlop**

15. Birthplace **England 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Nellie J. Dunlop**

(b) Address **Willard, Mo. R. 2**

17. (a) **Burial** (b) Date thereof **Oct 3 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fred O. Sherris Wesley Ametery**

18. (a) Signature of funeral director **Wesley Ametery**
(b) Address **Springfield, Mo.**

19. (a) **Oct 4, 1945** (b) **Mrs. Herman White**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **1**
year **1945** hour **3** minute **P** M.

21. I hereby certify that I attended the deceased from **no physician** 19..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary occlusion

Due to.....
Due to.....

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

Major findings:
Of operations.....

Of autopsy **94**

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 **C. Stone** (M. D. or other)
Address **Springfield, Mo.** Date signed **10-1-45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

39

1253

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Num 45-10-69
Date Filed 10-6-45

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 Fred C Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.