

FILED FEB 2 1946

Registration District No. **46**

Primary Registration District No. **4063**

1. PLACE OF DEATH: **Caldwell**
 (a) County **Caldwell**
 (b) City or town **Hamilton**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **72 yrs**
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Caldwell**
 (c) City or town **Hamilton**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **6**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Orpha L. Dunlap**
 3. (b) If veteran, name war **✓**
 3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **JANUARY** day **6**
 year **1946** hour **11** minute **P.** M.
 21. I hereby certify that I attended the deceased from **January 6**
1946, to **January 6**, 19**46**
 that I last saw h.e.r. alive on **January 6**, 19**46**
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (c) Age of husband or wife if alive **71** years
 7. Birth date of deceased **Jan 29 1873**
 (Month) (Day) (Year)

Immediate cause of death: **Cerebral Hemorrhage**
 Duration **12 hours**

8. AGE: Years **72** Months **11** Days **7**
 If less than one day hr. min.

Due to **Generalized Arterio-sclerosis**
 Due to

9. Birthplace **Hamilton Mo**
 (City, town, or country) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **House Wife**

Major findings: Of operations **4**
 Of autopsy **83a**

11. Industry or business
 12. Name **John Parmenter**
 13. Birthplace **England**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Margaret Doherty**
 15. Birthplace **Canada**
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **George Dunlap**
 (b) Address **Hamilton Mo**
 17. (a) **Burial** (b) Date thereof **Jan 9 1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Hickland Cem. Hamilton Mo**

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.....

18. (a) Signature of funeral director **Frank Cursee**
 (b) Address **Hamilton Mo**
 19. (a) **Jan 14 46** (b) **Clayton Jones**
 Date received local registrar (Registrar's signature)

23. Signature **Herbert R. Borch** (M. D. or other) **M.D.**
 Address **Hamilton Mo** Date signed **1/12/46**

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

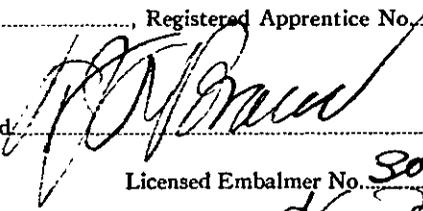
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STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 3059

P. O. Address. Hamilton, 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.