

S. No. 2
M-5-43
7. 5-17-39
p. 1 X36671

FILED JAN 14 1947

Registration District No. **132**

Primary Registration District No. **3021**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Greene**

(b) City or town **Wentzow**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **COLLETS Hospo**
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community **3 days in hosp**
years, months or days **97 days in community**

3. (a) PRINT FULL NAME **JESSE DUNLAP**

3. (b) If veteran, _____ **3. (c) Social Security** **NO. N.O.N.C.**
name war _____ No. _____

4. Sex **Male** **5. Color of race** **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Sophie Dulas** **6. (c) Age of husband or wife if alive** **76** years

7. Birth date of deceased **Feb 20 1869**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	9	10	— hr. — min.

9. Birthplace **Greene County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farmer**

12. Name **Freeman Dunlap**

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

14. Maiden name **Malvina Buchanan**

15. Birthplace **Wentzow, Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Virgil Trump**

(b) Address **Wentzow, Mo.**

17. (a) (Burial, cremation, or removal) **burial in cemetery** **(b) Date thereof** **12-3-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Rural Dale Hwy Co**

18. (a) Signature of funeral director **Raynie H. Davis**

(b) Address **Wentzow, Mo.**

19. (a) 12-3-46 (b) Irene Fair
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

(c) City or town **Rural, Wentzow**
(If outside city or town limits, write "RURAL")

(d) Street No. **R.F.D. 2, Wentzow, Mo.**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **30**
year **1946** hour **3:10** minute _____ M.

21. I hereby certify that I attended the deceased from **11-20-1946** to **11-30-1946**
that I last saw him alive on **11-30-1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **Chronic nephritis**

Due to **Chronic myocarditis**

Other conditions **Atherosclerosis and hypertension**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **1310**

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 _____

23. Signature **Wm. E. Dison** (M. D. or other) **MD**
Address **Wentzow** Date signed **11-2-46**

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

1958

8 MAR

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

.....
working under my personal supervision.

Myself

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

Signed.....

Raymond A. Williams

..... Licensed Embalmer No. *3424*

..... P. O. Address *Denton, 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.