S. No. 2
M—2-43
r. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36929

State File No.

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 307

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: K.C.O.S. Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 6 days (Specify whether
In this community 6 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tenn. (b) County Weakley 999-40

(c) City or town Greenfield
(If outside city or town limits, write "RURAL")

(d) Street No. R 7 D #1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Roy Lee Dunlap.

3. (b) If veteran, name war

3. (c) Social Security No. 431-42-2270

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife Lillian Miller

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Dec. (Month) 28 (Day) 1903 (Year)

8. AGE: Years 43 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Dyersburg (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Robert Lee Dunlap
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Ella Robinson
15. Birthplace (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Lillian Dunlap
(b) Address Greenfield, Tenn.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenfield, Tenn.

18. (a) Signature of funeral director D E Riley
(b) Address Kirksville, Mo.

19. (a) 11-15-47 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15th year 1947 hour 12 minute 04 P.M.

21. I hereby certify that I attended the deceased from November 10th, 1947, to November 15th, 1947; that I last saw him alive on November 14th, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute respiratory failure (medullary) due to circulatory collapse	6 hours.
Due to cardiac embarrasment due to pressure from enlarged spleen.	6 mos.
Due to Myelogenous leukemia.	11 mos.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

74 P

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 Claus A. Rohweder (M. D. or other) DO
Address Kirksville, Mo. Date signed 11-15-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-47-1392
Date Filed NOV 18 1947

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.....D. E. Riley.....

Licensed Embalmer No.....4181.....

P. O. Address.....Kirkwood, 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.