

S. No. 2  
DM-8-43  
v. 5-17-39  
I X37823

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41021**  
Registrar's No. **439**

Registration District No. **43** Primary Registration District No. **5142**

1. PLACE OF DEATH:  
(a) County **Butler**  
(b) City or town **Rural Neelyville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Neely Twp. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **life** (Specify whether  
In this community **life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Butler** **12**  
(c) City or town **Rural Neelyville** **0**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. **0**  
(If rural, give location) **0**  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec** day **17**  
year **1947** hour **2** minute **30** P.M.  
21. I hereby certify that I attended the deceased from **Dec 15** 19**47** to **Dec 17** 19**47**  
that I last saw her alive on **Dec 15** 19**47**  
and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Single**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **June 26 1943**  
(Month) (Day) (Year)

Immediate cause of death **lober pneumonia**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years **4** Months **5** Days **23**  
If less than one day hr. min.

Other conditions **none**  
(Include pregnancy within 3 months of death)

9. Birthplace **Butler Mo.**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **child**  
11. Industry or business  
12. Name **Clarence Dunlap**  
13. Birthplace **Ripley Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Hoyer**  
15. Birthplace **Butler Co Mo.**  
(City, town, or county) (State or foreign country)

Major findings: **none**  
Of operations **none**  
Of autopsy **none**  
PHYSICIAN **10**  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Clarence Dunlap**  
(b) Address **Naylor, Mo.**  
17. (a) **Burial** (b) Date thereof **Dec 19 47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Kensley cemetery**  
**Minnie Gish**  
18. (a) Signature of funeral director  
(b) Address **Naylor, Mo.**  
19. (a) **12/31/47** (b) **R H Minnetree**  
(Date received local registrar) (Registrar's signature)

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) (b) **Mo** of injury  
23. Signature **R H Minnetree** (M. D. or other)  
Address **Naylor Mo** Date signed **12/17/47**

RECEIVED

District Health Office No. 2

District File Number 148-9

Date filed 1-5-48

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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.....

Carlos Taylor....., Registered Apprentice No. 60  
working under my personal supervision.

Signed Bryan Mac Cord.....

Licensed Embalmer No. 4079

P. O. Address Taylor, 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.