No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 16093

FILED JUN 8 1948 32

Registration District No.

Primary Registration District No. 4203

Registrar's No.

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Grundy 40
(c) City or town Laredo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leona B. Dunlap

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe.

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 12 (Day) 1882 (Year)

8. AGE: Years 65 Months 11 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name D. V. McClenland
13. Birthplace (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Adelaide Newton
15. Birthplace (City, town, or county) Grundy Co. (State or foreign country) Mo. 0

16. (a) Informant Mrs U. G. Humphreys
(b) Address Galt Mo.

17. (a) Burial Mo. (Burial, cremation, or removal) (b) Date thereof 4-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Laredo Mo.

18. (a) Signature of funeral director P S Payne & Son
(b) Address Galt Mo

19. (a) 4-28-48 (Date received local registrar) (b) Irene Fair (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1948 hour 12 minute 15 A M.

21. I hereby certify that I attended the deceased from 4-1- 1948, to 4-27- 1948;
that I last saw her alive on never 19
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Thrombosis | 1 |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) 0
While at work (e) Means of injury

23. Signature U. C. Weston (M.D.)
Address Galt, Mo. Date signed 4-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 30 1955

DISTRICT HEALTH OFFICE
Cameron, Mo.

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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 P K Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.