

FILED JUL 12 1948
Registration District No. **249**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

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

(d) Length of stay: In hospital or institution **15 days**
(Specify whether years, months or days)

In this community **2 years**

3: (a) PRINT FULL NAME **Glenn C. DUNLAP**

3: (b) If veteran, name war **World war # 2**

3: (c) Social Security No. **522-22-2423**

4. Sex **Male**

5. Color or race **White**

6: (a) Single, widowed, married, divorced **Married**

6: (b) Name of husband or wife **A. Frances Dunlap**

6: (c) Age of husband or wife if alive **25** years

7. Birth date of deceased **Jan. 7th, 1922**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
26	5	20	hr. min.

9. Birthplace **Canon City Colo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Airplane mechanic**

11. Industry or business **T.W.A.**

MOTHER FATHER

12. Name **David William Dunlap**

13. Birthplace **Wakefield Kan.**
(City, town, or county) (State or foreign country)

14. Maiden name **Grace Chance**

15. Birthplace **Wakefield Kan.**
(City, town, or county) (State or foreign country)

16: (a) Informant **A. Frances Dunlap**

(b) Address **2605 N. 21th. St. K. O. Kan**

17: (c) **Removal** (b) Date thereof **6-28-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Arlington, Virg.**

18: (a) Signature of funeral director **Melody-McGilley-Eylar**

(b) Address **Kansas City, Mo.**

19: (a) **6-28-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Wyandotte**

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

(d) Street No. **2605 North 21th Street**
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27th**
year **1948** hour **3** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **6-16**, 19**48**, to **6-27**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Edema of Brain**

Due to **Metastatic Carcinoma of Brain**

Due to **Edema of Brain**

Duration **23 hrs**

bulds.

Other conditions **546**
(Include pregnancy within 3 months of death)

Major findings: **546**

Of operations.....

Of autopsy.....

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)

(c) Means of injury **0**

23. Signature **Ronald F. Coburn** (M. D. or other)
Address **221 Plaza Tower Bldg.** Date signed **6-27-48**

AUG 10 1944

Heck
No. 4063

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address: Kansas City, 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.