S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30588

FILED OCT 14 1948

Registration District No. 274 | Primary Registration District No. 3052 | Registrar's No. 290

80 6 4

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 234 So. Monteau (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 234 So Monteau (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME MARY A. DUNLAP
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Dr. William O. Dunlap
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec (Month) 24 (Day) 1855 (Year)

8. AGE: Years 92 | Months 9 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) West Virginia (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name John Dick
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name Eliza Ann
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Miss Ina Dunlap
(b) Address 234 So. Monteau Sedalia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo
19. (a) 10-5-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4th year 1948 hour 3 minute 30 a.m.
21. I hereby certify that I attended the deceased from 9-28 1948, to 10-3 1948, that I last saw h. alive on 10-3 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Decompensated Heart	
Due to: Bronchopneumonia	3 days
Due to: Cerebral Hemorrhage Right Side	6 days
Other conditions (Include pregnancy within 3 months of death): Age and sanitation	

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)
While at work (e) Means of injury

23. Signature [illegible] (M. D. or other) M.D.
Address 204 S. Ohio Sedalia Mo Date signed 10-4-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 10-13-48

JAN 17 1949

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 K. P. McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.