

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1116

169

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>16 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS <u>3128 Washington</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>				d. STREET ADDRESS <u>3128 Washington</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>J</u>		c. (Last) <u>Dunlap</u>		4. DATE OF DEATH (Month) <u>1</u> (Day) <u>12</u> (Year) <u>50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>July 15, 1913</u>	9. AGE (In years) (Month) (Day) (Year) <u>37-36</u>	IF UNDER 1 YEAR Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bell-Tele.-Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Pittsburg, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Pete Dunlap</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Murphy</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. II</u>		16. SOCIAL SECURITY NO. <u>486-03-7780</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Annie Murphy, Parsons, Kansas</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Ribs Ruptured Kidney Paralysis Rt Leg Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Kidney Paralysis Rt Leg</u> DUE TO (c) <u>Hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Operative Gen Waff</u>					INTERVAL BETWEEN ONSET AND DEATH <u>28259<sup>2</sup></u> <u>33</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Post. Refused</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident Highway 169</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>169</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>024 Clay Co</u>				
21d. TIME OF INJURY <u>1-13-50-1 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident (m.m.o.)</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Hugh H. Owens</u>				23b. ADDRESS <u>1034 Rialto Bldg</u>		23c. DATE SIGNED <u>1-13-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/13/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>-</u>		24d. LOCATION (City, town, or county) (State) <u>Parsons Kansas</u>		
DATE REC'D BY LOCAL REG. <u>1-13-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mellody-McGilley-Eylar K. C., Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

MAY 3 1950  
FEB 17 1950

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Max W. Kirkendall*

Licensed Embalmer No. *4632*

P. O. Address *A. C. Mo.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.