

FILED APR 12 1944

State File No. _____

Registration District No. 157

Primary Registration District No. 5508

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural No. 1 quarter
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 7 mi. S.E. of Montrose
(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 Missouri (b) County Henry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7 mi. S.E. of Montrose
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Cora Duggan Dunlap

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, 2 divorced, widowed
6. (b) Name of husband or wife Robert Dunlap 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1 12 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Robert H Duggan
13. Birthplace Down Co Ill
(City, town, or county) (State or foreign country)
14. Maiden name Clara Miller
15. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ramsey Wilkins

(b) Address Montrose Mo

17. (a) Burial (b) Date thereof 3 27 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montrose Cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) March 27 1944 Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25
year 1944 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from Dec. 22 1943 to Mar. 25 1944
that I last saw her alive on Mar. 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to Arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 83a1

Of autopsy _____

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) (e) Means of injury 2

23. Signature W. E. Baggerly (M. D. or other) MD

Address Montrose Mo Date signed 3-27-44

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

42
00

1064

APR 18 1944
APR 19 1944

RECEIVED
District Health Officer No. 7
District File Number 3-44-464
Date Filed 4-11-44

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 *Fred Wellman*

Licensed Embalmer No. *7498*

P. O. Address *Clinton, N.Y.*

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.