

DEC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27831

Do not use this space.

Registered No. 3142

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 395
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 1301 E. Armour
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Mrs. Amelia G. Duncan 525
 (a) Residence, No. 1301 East Armour St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles E. Duncan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1872
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day,hrs. ormin.
66 5 17

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

- FATHER 13. NAME Frederick Shumaker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

- MOTHER 15. MAIDEN NAME Lavina Collins
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Miss Charlotte Duncan
 (ADDRESS) 1301 E. Armour

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE 8-6-38

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary
 (ADDRESS) Kansas City, Missouri

20. FILED Aug 7, 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5/38
 22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938, to Aug 5, 1938
 I last saw her alive on Aug 5, 1938 Death is said to have occurred on the date stated above, at 1301 E. Armour.
 The principal cause of death and related causes of importance were as follows:

Acute myocarditis9301

- Other contributory causes of importance:
Pericarditis Arteriosclerosis

- Name of operation None Date of 8/5/38
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 8/5/38, 19...
 Where did injury occur? At Home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

- Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO.
 If so, specify None
 (Signed) J. G. Poulson
 (Address) 3915 Main
St. Louis

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, Clarence W. [Signature]

....., or by

Registered Apprentice No., working under my personal supervision?

Signed Clarence W. [Signature]

Licensed Embalmer No. 3473

P. O. Address 104 West 42nd St. N.Y.C.

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, above space should be left blank.