

1939 JAN 18 1939

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

44599

Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 795
(b) Township Grand Pass Primary Registration District No. 6038
(c) City or Matta Bend (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
100 John Eaton Duff

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lottie Duff
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7, 1875

7. AGE YEARS 63 MONTHS 3 DAYS 7 IF LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Dallas County
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Fred Duff
14. BIRTHPLACE (CITY OR TOWN) Dallas County
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mollie Adams
16. BIRTHPLACE (CITY OR TOWN) Dallas County
(STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. C. E. Proctor
Matta Bend Mo.

18. BURIAL, CREMATION, OR REMOVAL buried Pine Bluff Mo. DATE Dec 16, 1938
Chapel Center

19. FUNERAL DIRECTOR (NAME) E. J. Jones
(ADDRESS) Concordia Mo.

20. FILED 17-7 1938 Raymond Spencer
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-10 1938, to Dec 14 1938
I last saw him alive on Dec 14 1938 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

Styptotic Pneumonia
Chronic interstitial Nephritis
Chronic Myocarditis
Cirrhosis of Liver

Name of operation _____ Date of _____
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 _____, 1938

Where did injury occur? _____ (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? _____
If so, specify _____

(Signed) E. J. Jones M. D.
Waverly
(Address) _____

FILED
Health Officer No. 8,
File Number 11/2/39

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 E. S. James
Licensed Embalmer No. 2058
P. O. Address Concordia, 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, above space should be left blank.