

Registration District No. **194**Primary Registration District No. **2044**

1. PLACE OF DEATH:

- (a) County **Saline** **2**
 (b) City or town **Slater**
 (c) Name of hospital or institution: **at home**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **all his life** (Specify whether years, months or days)
 In this community **all his life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Henry Clay Duncan 5258. (b) If veteran, name war

8. (c) Social Security No.

4. Sex **male**5. Color or race **white**6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased

July**22nd 1860**

(Month)

(Day)

(Year)

8. AGE:

Years

79

Months

0

Days

21

If less than one day

hr. min.

9. Birthplace

Saline Co. Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

farmer

11. Industry or business

MOTHER FATHER

12. Name

Geo. W. Duncan

13. Birthplace

Va

14. Maiden name

Charlotte Shumate

15. Birthplace

Va

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Mrs. Lillian Dobbin S

(b) Address

Slater, Mo.17. (a) **burial**

(b) Date thereof

9/15/'39

(Burial, cremation, or other)

(Month) (Day) (Year)

(c) Place: burial or cremation

Slater, Mo.

18. (a) Signature of funeral director

Hill Brothers

(b) Address

Slater, Mo.19. (a) **Sept 14/39**

(b)

W. M. Tuttle

(Date received local register)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Mo.** (b) County **Saline**
 (c) City or town **Slater**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **13** day **Sept** -
year **1939** hour **9:30** M. minute _____ M.21. I hereby certify that I attended the deceased from **June 1939** to **Sept - 13 - 1939**;
that I last saw him alive on **Sept - 13 - 1939**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Apoplexy

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to 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 **June - 1939**
 (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

23. Signature **M. C. Duggins M.D.** (M. D. or other)Address **Slater Mo.** Date signed **9/16/39**

RECEIVED
District Health Officer No. 8
District File Number 10/11/39
e Filed

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~~ by

Edgar Moore

Registered Apprentice No. **230**

working under my personal supervision.

Signed

Licensed Embalmer No. **1201292**

P. O. Address **Slater, 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.