

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38607

DEC 11 1939 399  
Registration District No.

Primary Registration District No. 1602

Registrar's No. 4371

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Mersey Hospital, Mersey, Mo.  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
In this community no years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town R.F.D. 1 Agency, Mo.  
(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.

3. (a) PRINT FULL NAME DUNCAN - Veneta

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 20 1938  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 3 16 hr. \_\_\_\_\_ min.

9. Birthplace Buchanan, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Lloyd Duncan

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Leta Heath

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Willa D. M. Clary

(b) Address Agency, Mo.

17. (a) Burial (b) Date thereof Nov 17, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frazier, Mo.

18. (a) Signature of funeral director Will Sullivan

(b) Address Lawrence, Mo.

19. (a) Nov 16, 1939 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16  
year 1939 hour 3 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 15  
\_\_\_\_\_, 1939, to Nov 16, 1939;  
that I last saw her alive on Nov 16, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Streptococci 36  
Septicemia 36  
Due to Post operative  
Cleft palate operation  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Forcible entry of Brain +  
To the degeneration of the lungs, etc.

22. If death was due to external causes, fill in the following:  
Septicemia, etc.

(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 \_\_\_\_\_

23. Signature W. B. Bodenbery (M. D. or other) MD

Address 1316 P. of Bldg Date signed Nov 16

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**