

DEC 14 1939

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

38923
Do not use this space.

1. PLACE OF DEATH
(a) County Barton Registration District No. 40
(b) Township Lamar Primary Registration District No. 4024 Registered No. 49
(c) City Lamar (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 Mary E. Duckett

(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 A. J. Duckett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16-1851
7. AGE YEARS 88 MONTHS 2 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Morgan County / (STATE OR COUNTRY) Indiana /

13. NAME Wm. P. League / 9
14. BIRTHPLACE (CITY OR TOWN) Unknown / (STATE OR COUNTRY) /

15. MAIDEN NAME Marth Collier
16. BIRTHPLACE (CITY OR TOWN) Monroe County / (STATE OR COUNTRY) Indiana /

17. INFORMANT W. E. Duckett / (ADDRESS) Lamar, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Cemetery DATE Nov 22, 1939

19. FUNERAL DIRECTOR (NAME) Konantz Funeral Home / (ADDRESS) Lamar, Mo, 40

20. FILED Nov-22-1939 Mrs. Josephine Minatt / (Address) Lamar, Mo.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-21-1939
22. I HEREBY CERTIFY, That I attended deceased from Nov-12-1939 to Nov-21-1939
I last saw her alive on Nov-21-1939 Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset _____
Chronic Nephritis
Other contributory causes of importance: _____

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 _____, 19____
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) C. E. Duckett / M. D.
(Address) Lamar, Mo.

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.

RECEIVED

District Officer No. 6,

District No. 1239-2433

Date Filed DEC 5 1939

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 *Carl J. Komantz*

Licensed Embalmer No. *82247*

P. O. Address *Hannan, 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.