

JAN 17 1940

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

43463
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison 3 Registration District No. 334
 (b) Township Smith Brook Primary Registration District No. 4197 Registered No. 82
 (c) City Bethany 1 (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

525 Chester Duncan
 (a) Residence, No. _____ 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leona Duncan				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/10/1898				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	43	3	2	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer			
	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) (STATE OR COUNTRY) Missouri 0				
FATHER	13. NAME David M. Duncan 1			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 0			
MOTHER	15. MAIDEN NAME Mary Stevens			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
17. INFORMANT Frank Duncan (ADDRESS) Mt. Moriah, Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Lloyd cemetery DATE 12/14/1939				
19. FUNERAL DIRECTOR J.M. Chambers (ADDRESS) Mt. Moriah Mo				
20. FILED 12-14- 19 39 W.W. W... Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1939, to Dec 12 1939
 I last saw him alive on Dec 12 1939 Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Brain tissue Macerated by Wood Saw. Cut 8 inches through skull into brain
Respiratory Paralysis
 Other contributory causes of importance:
Cerebral Hemorrhage

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 12-12 1939
 Where did injury occur? Harrison County Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Sawing wood for neighbor
 Manner of injury Cerebral entered by saw
 Nature of injury Cerebral maceration

24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify as above
 (Signed) D. G. Reed D.O. M.D.
 (Address) Bethany, 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 Health Officer No. 11
District File Number 140-1940
Date Filed JAN 13 1940

STATEMENT BY LICENSED EMBALMER

I, J. M. Chambers, Licensed Embalmer No. 2109
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. M. Chambers
L. E.
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.
Signed J. M. Chambers
Licensed Embalmer No. 2109

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.)