

No. 2
11-10-39
5-17-39
I X21492

FILED FEB 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2584

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 284

1. PLACE OF DEATH: 2

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 211 West South Side Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 211 West South Side Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Max V. Duckworth

3. (b) If veteran, name war none

3. (c) Social Security No. 486-03-1072

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1940 hour 11 minute a M.

4. Sex male

5. Color or race White

6. (a) Single, widowed, married Married

6. (b) Name of husband or wife Myrtle Duckworth

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Jan 1 - 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 5 1939 to February 6 1940; that I last saw him alive on Feb. 6 1940; and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 1 Days 5 If less than one day _____ hr. _____ min.

Immediate cause of death Bronchogenic Carcinoma Duration 18 mos

9. Birthplace Parson - Kansas
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 111

10. Usual occupation Farm

PHYSICIAN _____

11. Industry or business Standard Oil Co

Major findings: Of operations _____

12. Name Donald Duckworth

Of autopsy _____

18. Birthplace unknown
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name Miss Mad Helen H.

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

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

16. (a) Informant Max Myrtle Duckworth

(a) Accident, suicide, or homicide (specify) _____

(b) Address 211 West So. Side Blvd.

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 2/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (County) (State)

(c) Place: burial or cremation Woodlawn Cem

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director George Casson

While at work? _____ (Specify type of place) (e) Means of injury _____

(b) Address Independence mo

23. Signature J. J. Jammar (M. D. or other) D.O.

19. (a) Feb. 7 1940 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

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

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

Raymond Martin Registered Apprentice No. 199
working under my personal supervision.

Signed James Reid
Licensed Embalmer No. 2467

P. O. Address Indep. 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.