

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 2695

FILED FEB 19 1940

Registration District No. 241Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Jasper 3  
 (b) City or town Joplin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
909 E. Second St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether  
 In this community 25 Years  
 years, months or days)

3. (a) PRINT FULL NAME Chancy Duncan  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Ray Duncan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased August 20, 1900  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
39 5 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife 0

11. Industry or business Home 9

12. Name Elmer Piles 9

18. Birthplace Unknown 1  
 (City, town, or county) (State or foreign country)

14. Maiden name Laura Saunders 1

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

16. (a) Informant's own signature Jones Coleman

(b) Address 909 E. 2. Joplin Mo

17. (a) Burial (b) Date thereof 1-26-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation Carthage, Mo. Oak Hill Cemetery

18. (a) Signature of funeral director Hurlbut Und. Company

(b) Address 212 Joplin St., Joplin, Mo.

19. (a) 1-24-40 (b) Ed D. Janning  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
 (c) City or town Webb City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 516 N. Tom St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24  
 year 1940 hour 2 minute 00 a. m.

21. I hereby certify that I attended the deceased from  
Jan. 21, 1940, to Jan 23, 1940, 19\_\_\_\_;  
 that I last saw her alive on Jan. 24, 1940, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death General carcinomatosis.

Due to Uterine cancer.

Due to Uterus H S

Other conditions H S  
 (Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

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

(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. Chapman (M. D. or other)  
 Address Liners Bank, Joplin, Missouri Date signed 1

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically

RECEIVED

District Health Officer No. 6.

District File Number 240-571

Date Filed FEB 15 1940

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**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.**