

REG. DIST. NO. 26 27 1940

Primary Registration District No. 5-85-7

Registrar's No.

1. PLACE OF DEATH

- (a) County Ozark
 (b) City or town Rural - Nottingham, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (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 2
 (Specify whether

In this community
 years, months or days

3. (a) PRINT FULL NAME Amanda Duckworth

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 widowed6. (b) Name of husband or wife Pegant J. Duckworth 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Oct. 28 1859
(Month) (Day) (Year)8. AGE: Years 80 Months 3 Days 20 If less than one day hr. _____ min.9. Birthplace Marion County, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Jim Capeheart13. Birthplace Virginia
(City, town, or county) (State or foreign country)14. Maiden name Jessie Christman15. Birthplace Virginia
(City, town, or county) (State or foreign country)16. (a) Informant's own signature D. G. Duckworth(b) Address Nottingham, Missouri17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18 1940
(Month) (Day) (Year)(c) Place: burial or cremation Isabella Cem.18. (a) Signature of funeral director O. B. McClure(b) Address Hainesville, Missouri19. (a) 3-1-40 (Date received local registrar) (b) CA Beach (Registrar's signature) PG

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Ozark
 (c) City or town Rural - Nottingham, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. North of Nottingham, Mo.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th year 1940 hour 2 minute 40 A.M.21. I hereby certify that I attended the deceased from not attended, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Apoplexy
died suddenlyDue to _____
Due to _____ \$20Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

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 CA Beach (M. D. or other) MD
Address Clayton Mo Date signed 3-1

RECEIVED

Sanct Health' Officer No. 6,

Case File Number 340-803

Date Filed MAR 11 1940

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.