

FILED APR 6 1940

Registration District No. 134

Primary Registration District No. 5184

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Rural - Ridge township
(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 _____ (Specify whether _____)
In this community _____ years, months or days) 5-25

3. (a) PRINT FULL NAME Amy Bogue Duncan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Walter Marshall Duncan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 82 Months _____ Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Illinois (City, town, or county) _____ (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joel Bogue

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

14. Maiden name Sarah Freeman

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

16. (a) Informant Emma Kennedy

(b) Address Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3 21 40 (Month) (Day) (Year)

(c) Place: burial or cremation Rock Branch

18. (a) Signature of funeral director Clifford W. Austin

(b) Address Lina, Mo. _____ (City, town, or county) _____ (State or foreign country)

19. (a) Mar. 20 1940 (Date received local registrar) Mrs. A. G. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Mar day 19 year 1940 hour 8:30 minute 9 M.

21. I hereby certify that I attended the deceased from Mar 18, 1940, to Mar 19, 1940

that I last saw her alive on Mar 19, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to Malignant probably Carcinoma of Rectum

Other conditions (Include pregnancy within 3 months of death) 46

Major findings: Of operations _____ Of autopsy _____

Other conditions (Include pregnancy within 3 months of death) 46

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 fall

23. Signature A. P. Brown (M. D. or other) _____

*Address 3300 North 1st Date signed Mar 19 1940

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

RECEIVED
Coriol Health Officer No. 8
Jurist File Number 4-3-40
Date Filed

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 Clifford W. Austin, Registered Apprentice No. _____ working under my personal supervision.

Signed Clifford W. Austin
Licensed Embalmer No. 3233
P. O. Address Tena, 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.