

FILED APR 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12709

State File No. _____

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Merada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Merada City Hosp 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 da (Specify whether
In this community 40 yrs years, months or days) 205

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
(c) City or town (Rural) Moundville township
(If outside city or town limits, write "RURAL")
(d) Street No. 7m S. Merada, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd
year 1940 hour 8 - minute 20 P M.

21. I hereby certify that I attended the deceased from Feb. 21, 1940
19 _____ to March 22, 1940
that I last saw him alive on March 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: the interstitial nephritis
terminal uremia
Due to _____
Due to _____

Duration
?
4 da

Other conditions: Lobar pneumonia
(Include diagnosis within 3 months of death)
Feb 20 - Mar 3, 1940

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? _____

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

23. Signature Dr. King (M. D. or other) _____
Address Merada, Mo. Date signed 3-25-40

3. (a) PRINT FULL NAME Albert Lee Duncan

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-01-5597

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

6. (b) Name of husband or wife Flora Duncan 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Mr. 23, 1935
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Brick mason

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mr. Flora Duncan

(b) Address Merada, Mo.

17. (a) Burial (b) Date thereof Mar 24, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelby Cemetery

18. (a) Signature of funeral director Fred King (b) Address Merada, Mo.

19. (a) April 13, 1940 (b) Allen King
(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 Person

....., Registered Apprentice No.

working under my personal supervision.

Signed

Lloyd B. Winicott

Licensed Embalmer No.

3857

P. O. Address

Ywada, 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.