

Registration District No. 325

Primary Registration District No. 5400

State File No. _____

Registrar's No. 65

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

1. PLACE OF DEATH:
 (a) County Drew
 (b) City or town Walnut Grove, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 In this community 14 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dora Duffee 610
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. none

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife John S. Duffee
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Feb-4-1869
 (Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 18
 If less than one day hr. _____ min. _____

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

10. Usual occupation housekeeper

11. Industry or business Key house

MOTHER FATHER { 12. Name Charles Bayles
 13. Birthplace Wis.
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Marjorie Robbins
 15. Birthplace New York, NY
 (City, town, or county) (State or foreign country)

16. (a) Informant Steward W. Duffee
 (b) Address Walnut Grove, Mo.

17. (a) Burial (b) Date thereof April-23-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robman Cemetery

18. (a) Signature of funeral director James P. ...
 (b) Address Walnut Grove, Mo.

19. (a) April 23 (b) Estab. McPherson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Drew
 (c) City or town Walnut Grove, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
 year 1940 hour 7 minute 50 A.M.
 21. I hereby certify that I attended the deceased from Feb. 1st
1940, to April 22, 1940;
 that I last saw her alive on April 22, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver
 Duration _____

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
 Major findings: _____
 Of operations none
 Of autopsy none
 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? 2.45

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

23. Signature Dr. W. R. Davis (M.D. or other) D.O.
 Address Walnut Grove, Mo. Date signed April 23 1940

RECEIVED

Greene County Health Office,

County File Number 40-5-23

Date Filed 5-7-40

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. 2664

working under my personal supervision.

Signed Gene A. Brown

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.