

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1940 JUL 15 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21448  
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll 2 Registration District No. 134  
(b) Township Ridge 0 Primary Registration District No. 5186 Registered No. 13  
(c) City Baseworth (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Walter Marshall Duncan  
(a) Residence, No. Baseworth, Mo. P.O. # St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married/widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amy B. Duncan  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1937-29-30

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 5 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. retired farmer  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cambria, Penn.

FATHER 13. NAME William Duncan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cambria, Penn.

MOTHER 15. MAIDEN NAME Martha Jane Marshall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cambria, Penn.

17. INFORMANT (ADDRESS) Norris Duncan  
Baseworth, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Branch DATE June 4, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clifford W. Justice  
Tins, Mo.

20. FILED June 3, 1940 Mrs. A. G. Brown  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1939 to June 2, 1940  
I last saw him alive on June 1, 1940 Death is said to have occurred on the date stated above, at 7:43 a.m.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia, peripheral

Other contributory causes of importance: Anemia & Endocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) W. B. Wood Brown M. D.  
(Address) Baseworth, Mo.

RECEIVED  
Under Health  
Department File Number  
7-3-10  
Officer No. 8

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.....

Ben W. Gibson

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.