

FILED JUL 15 1940

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 620 E. Chestnut
(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

3. (a) PRINT FULL NAME Felix Duncan 525

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race Colored 6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Aug 12 1854
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Drycleaner

11. Industry or business time film

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

{ 14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lora Brown
(b) Address 620 E. Chestnut

17. (a) Burial (b) Date thereof June 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Mem.

18. (a) Signature of funeral director W.P. Campbell
(b) Address 867 Washington Ave

19. (a) June 12, 1940 (b) W. E. Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 620 E. Chestnut
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day 9th
year 1940 hour 8:10 minute 10 P. M.

21. I hereby certify that I attended the deceased from 5/21, 1940 to 6/9, 1940
that I last saw him alive on 6/4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
- Decompensation

Due to _____
Due to 121

Other conditions Ch. nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? 9014
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R. E. Jenkins M.D. (M. D. or other) 1
Address 305 1/2 College St Date signed 6/12/40

Duration
P
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

W. P. Campbell

..... Registered Apprentice No.

working under my personal supervision.

Signed *W. P. Campbell*

Licensed Embalmer No. *1747*

P. O. Address *Springfield*

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.

X