

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25329

State File No. _____

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanitarium 1
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution. 3 hour
(Specify whether _____)

In this community _____
years, months or days) 2 1 2

3. (a) PRINT FULL NAME Thomas Duckworth

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

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

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

7. Birth date of deceased Jan: 27 1922
(Month) (Day) (Year)

8. AGE: Years 18 Months 5 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation School boy

11. Industry or business _____

MOTHER FATHER
12. Name Ernest Duckworth
13. Birthplace Winchester Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Nellie Painter
15. Birthplace Cass County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emogene Grant
(b) Address 810 W. White Oak

17. (a) Burial (b) Date thereof July 23 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harrisonville, Mo.

18. (a) Signature of funeral director Ott + Mitchell
(b) Address Independence, Mo.

19. (a) July 22 - '40 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City of town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 208 E. Short
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1940 hour 1 minute 35 A. M.

21. I hereby certify that I attended the deceased from _____
Deputy Coroner to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Sub Prial Hemorrhage
Due to Laceration of the Brain
Due to Automobile Fracture
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy Above 210 mm
21

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) Accidental
(b) Date of occurrence 7-20-40
(c) Where did injury occur? Jackson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
360 High
While at work _____ (Specify type of place)
(e) Means of injury Automobile

23. Signature Russell (M. D. or other) _____
Address _____ Date signed _____

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

48
3
4

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Henry H Mitchell

Licensed Embalmer No. 3925-

P. O. Address Indep. 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.