No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27869

FILED SEP 3 1940

Registration District No. 58 Primary Registration District No. 3004 Registrar's No. 62

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

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Memorial Hospital !
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community Life
years, months or days)

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3. (a) PRINT FULL NAME Jacob Beauford Duvall

3. (b) If veteran, name war ✓

3. (c) Social Security No. 492-14-1481

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband~~ or wife Florence Duvall

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October (Month) 31 (Day) 1873 (Year)

8. AGE: Years 66 Months 9 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace Bates County (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation farm inspector

11. Industry or business Duvall Trust Co.

FATHER
12. Name Wm Penn Duvall
13. Birthplace Highland Co (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Sarah Jane Whistler
15. Birthplace Cleveland (City, town, or county) Ohio (State or foreign country) !

16. (a) Informant A S Duvall
(b) Address Butler Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 26 (Day) 1940 (Year)
(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culver 5 2
(b) Address Butler Mo

19. (a) Aug 20 1940 (Date received local registrar) (b) Nina L Culver (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Bates
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. W. Ft Scott Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1940 hour 11:55 minute P M.

21. I hereby certify that I attended the deceased from Aug 16, 1940 to Aug 17, 1940 that I last saw him alive on Aug 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Hemorrhage

Due to Jaundice

Due to Primary Carcinoma of Pancreas

Other conditions (Include pregnancy within 3 months of death) 46

Major findings:
Of operations
Of autopsy Carcinoma head of pancreas

Duration

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? (e) Means of injury

23. Signature A Gilcoolding (M. D. or other) !
Address Butler Mo Date signed 8-20-40

(Licensed Embalmer's Statement on Reverse Side)

C

MAY 22 1942

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. .....

working under my personal supervision.

Signed R. Denton Lo[illegible]

Licensed Embalmer No. 4123

P. O. Address Butler, M[illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w[illegible] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.