

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 223

1. PLACE OF DEATH:

WED SEP 19 1940

(a) County St. Louis
 (b) City or town Jefferson City Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Marys 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 _____ (Specify whether _____)
 years, months or days 575

8. (a) PRINT FULL NAME Sammie Allen Duncan

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced —

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

7. Birth date of deceased July 30 1937
(Month) (Day) (Year)

8. AGE: Years 3 Months 1 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Virgil Duncan
 13. Birthplace St. Clair Mo Franklin Co
 (City, town, or county) (State or foreign country)
 14. Maiden name Clara Mae
 15. Birthplace Meta Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Virgil Duncan

(b) Address St. Louis Mo

17. (a) Burial (b) Date thereof 11 3 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Side cemetery

18. (a) Signature of funeral director H. H. Stutz

(b) Address Meta Mo

19. (a) 9/11/40 (b) W. B. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2609 Palm
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31st
year 1940 hour 6 am minute _____ M.

21. I hereby certify that I attended the deceased from Aug 31st
1940 to Aug 31st 1940
that I last saw him alive on Aug 31st 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Laceration of Brain and Shock
 Due to Compound Comminuted fracture of skull
 Due to Auto accident

Other conditions (Include pregnancy within 3 months of death)

Major findings: Absence of some portions of cranial bones.
Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence Aug 31st 1940
 (c) Where did injury occur? Aug 31st 1940
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

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

23. Signature Thomas Kelly MD (M. D. or other) MS(Surg)
Address Jefferson City Mo Date signed Aug 31st 1940

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

210 M
95

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 H H Strop

Licensed Embalmer No. 29 24

P. O. Address Meta 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 283 12

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. _____

1. PLACE OF DEATH

(a) County Cole
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME

Sammie Allen Duvon

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 _____

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 3 Months 1 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

20. DATE OF DEATH

Month Aug day 3
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 Laceration of
cranium and skull
fracture of skull
Due to Auto accident
Due to Collision c fixed object
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings absence of some
portions of cranium bone
Of autopsy _____

Duration 8
10
11
PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) acc
(b) Date of occurrence 8-31-1940
(c) Where did injury occur? Public place
(City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
P
(Specify type of place)
While at work? _____ (e) Means of injury _____

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

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

SUPPLEMENTAL COPY

