

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29025**
Registrar's No. _____

Registration District No. **518** Primary Registration District No. **5674**

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

1. PLACE OF DEATH:
(a) County **McDonald**
(b) City or town **Rural Anderson Twp**
(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) **2**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Ten years**
years, months or days **5-5**

3. (a) PRINT FULL NAME **Rose Duncan**
3. (b) If veteran, name war
3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Geo Duncan**
6. (c) Age of husband or wife if alive **48** years
7. Birth date of deceased **Feb 7 - 1892**
(Month) (Day) (Year)

8. AGE: Years **45** Months **6** Days **5** If less than one day _____
hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name **C. J. Ahlber**
13. Birthplace **Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Esther Beard**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Geo Duncan**
(b) Address **Anderson Mo Rpt**

17. (a) **Funeral** (b) Date thereof **8-14-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Anderson Mo**

18. (a) Signature of funeral director **Charles Williams**
(b) Address **Anderson Mo**

19. (a) **Aug 16 40** (b) **Mrs Lu Harper**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **McDonald**
(c) City or town **Rural**
(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.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **13**
year **1940** hour **5** minute **30 A** M.
21. I hereby certify that I attended the deceased from **Aug**,
19**40**, to **Aug 12**, 19**40**,
that I last saw her alive on **Aug 12**, 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer Stomach**
Duration **4 mo**

Due to **Cancer Breast**
Due to **4/6**

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

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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?
4/3
while at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Geo Duncan** (M.D. or other) **3**
Address **Anderson Mo** Date signed **8/14/40**

RECEIVED

District Health Officer No. 6,

District File Number 940-2526

Date Filed SEP 05 1940

OCT 25 1955

OCT 5 1955

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.