

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K. C. General 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 **35 years**
years, months or days)

3. (a) PRINT FULL NAME **ALFRED P. DUKE**
3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Alice Duke** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **March 8 - 1855**
(Month) (Day) (Year)

8. AGE: Years **85** Months **6** Days **9** If less than one day
hr. min.

9. Birthplace **No Record Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **carpenter**

11. Industry or business **9**

MOTHER, FATHER { 12. Name **Monroe Duke**
13. Birthplace **No Record Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **No Record**
" " " "
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **E. S. Duke**

(b) Address **2427 Agnes**

17. (a) **Burial** (b) Date thereof **9/19/1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Bentley Mortuary Inc**

(b) Address **5811 Troost**

19. (a) **Sept. 19, 1940** (b) **M. M. Browe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limit, write "RURAL")
(d) Street No. **2427 Agnes Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **17th**
year **1940** hour **11:00 A.** Minute _____ M.

21. I hereby certify that I attended the deceased from **Sept. 1938**, 19____, to **Sept. 17th**, 19**40**;

that I last saw him alive on **Sept. 5th, 1940**, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Underline the cause to which death should be charged statistically.

CARCINOMA OF PROSTATE

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 5 months of death) **51**

Major findings: Of operations _____

Of autopsy **None**

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? _____

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

23. Signature **Dwight R. Show** (M. D. or other) _____
Address **Med. Dir. K. C. Gen. Hospital** Date signed _____

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

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

Guy Buffington

Licensed Embalmer No.

2756

P. O. Address

R. Campbell

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

If this body is not embalmed, above space should be left blank.

By Norval Campbell