

Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **1037**

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

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(c) Name of hospital or institution **1342 N. Fremont Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
In this community **Unknown**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1342 N. Fremont**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Benny Duncan**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **500-01-1750**

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, divorced **Married**

6. (b) Name of husband or wife **Cleona Duncan** 6. (c) Age of husband or wife if alive **32** years

7. Birth date of deceased **April 14 1904**  
(Month) (Day) (Year)

8. AGE: Years **1 36** Months **8** Days **14** If less than one day hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business

12. Name **Arthur Duncan D.**

13. Birthplace **Unknown Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Rosa Deeds**

15. Birthplace **Unknown Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Cleona Duncan**

(b) Address **1342 N. Fremont**

17. (a) **Burial** (b) Date thereof **Dec. 31 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Mem.**

18. (a) Signature of funeral director **W. P. Campbell**

(b) Address **867 Washington Ave.**

19. (a) **12-31-40** (b) **W. E. Handley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **28**  
year **1940** hour **8** minute **8** P. M.

21. I hereby certify that I attended the deceased from **Nov. 22**, 1940, to **December 27**, 1940, that I last saw him alive on **December 27**, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to **Tuberculosis of Lungs** 1 month

Other conditions **72**  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

**At work** (Specify type of place) (e) Means of injury

23. Signature **James B. Clark** (M. D. or other)

Address **2802 N. Summit** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*W. R. Campbell*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*W. R. Campbell*

Licensed Embalmer No.....

*1747*

P. O. Address.....

*Springfield*

**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.**

*X*