

FEBRUARY 10 1947

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42630

State File No. \_\_\_\_\_

Registration District No. 347Primary Registration District No. 3018

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH

(a) County HENRY  
(b) City or town CLINTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution COMMUNITY CLINIC  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 1 day years, months or days)

3. (a) PRINT FULL NAME Wm S. Duvall3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lula Bell (c) Age of husband or wife if alive 2 years  
7. Birth date of deceased 10 - 2 (Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 20 If less than one day 12 hr. 3 min.

9. Birthplace Laurie City (City, town, or county) Mo (State or foreign country)10. Usual occupation Farmer11. Industry or business ✓12. Name Louis Percy Duvall13. Birthplace Kentucky (City, town, or county) (State or foreign country)14. Maiden name Ellen Zeiler15. Birthplace Kentucky (City, town, or county) (State or foreign country)16. (a) Informant Lula Bell Duvall(b) Address Laurie City Mo17. (a) Burial (b) Date thereof 12-24-46 (Month) (Day) (Year)(c) Place: burial or cremation Laurie City Mo18. (a) Signature of funeral director Fred Williams(b) Address Clinton Mo19. (a) Dec 31 1946 (b) Dr. R. Hampton (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED

(a) State Mo (b) County St Clair  
(c) City or town Laurie City (If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22 year 1940 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-22, 1940 to 12-22, 1940  
that I last saw him alive on 12-22, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid Colon Duration 1 year

Due to \_\_\_\_\_

Due to 46

Other conditions (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 1

(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? 3/2

(Specify type of place)

While at work \_\_\_\_\_ (e) Means of injury

23. Signature Eugene S. Duvall (M. D. or other) M.D.Address Clinton Mo Date signed 12-23-46

RECEIVED

District Health Officer No. 7,

District File Number 1-41-19

Date Filed 1-3-41

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.....

working under my personal supervision.

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

Signed.....

Licensed Embalmer No. 2478

P. O. Address..... Clinton 7

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, fact should be so stated above.