FILED JAN 25 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42699
Do not use this space.

1. PLACE OF DEATH
(a) County Howell — Registration District No. 384
(b) Township — Primary Registration District No. 4227 — Registered No.
(c) City West Plains — (d) Street No. 1st Street, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert M. Duncan
(a) Residence, No. West Plains 1st St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Malenda Duncan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-11-1855

7. AGE: Years 85 — Months 1 — Days 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stone Mason
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1925
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co, Mo. 0

FATHER
13. NAME John Duncan 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk 9

MOTHER
15. MAIDEN NAME Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

17. INFORMANT Cleo Custer
(ADDRESS) West Plains

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dalaway Cemetery DATE Dec. 2 1940

19. FUNERAL DIRECTOR J. B. Caldwell 344
(ADDRESS) Salem, Ark.

20. FILED 12-1- 1940 Vida W Simons
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1940, to Nov. 30, 1940
I last saw him alive on Nov. 30, 1940 Death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myo-carditis, chronic.	?
Arterio-Sclerosis, Chronic.	?

Other contributory causes of importance:

Name of operation None. Date of xx
What test confirmed diagnosis? Clinic. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) A. Thornburgh M. D.
(Address) West Plains, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X12004

REGISTERED
District Health Officer No. 5,
District File Number 1418
Date Filed

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)