

Registration District No. 758

Primary Registration District No. 5994

Registrar's No. 1708

JAN 5 1941

(a) County Ripley
(b) City or town Union Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 29 yrs.
years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ripley
(c) City or town Union Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) Rural
(e) If foreign born, how long in U. S. A.? 0 years.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 14
year 1940, hour 6, minute 9, M.
21. I hereby certify that I attended the deceased from an
11-14- 1940 to _____, 19____;
that I last saw him alive on 11-14- 1940
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clara Duncan
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Feb. 17 1879
(Month) (Day) (Year)

Immediate cause of death Endocarditis (Chronic) 5 yrs

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>8</u>	<u>27</u>	hr. _____ min. _____

Due to Asteriasclerosis and Diabetes mellitus 6 yrs
Due to _____

9. Birthplace I. Illinois
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 54

10. Usual occupation Farming

11. Industry or business for self.

Major findings: Of operations _____

12. Name John Duncan

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Arnold

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

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

16. (a) Informant Clara Duncan

(b) Address Doniphan Mo. R-6

17. (a) Rural (b) Date thereof 11-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plunk Cemetery

18. (a) Signature of funeral director H. Jordan

(b) Address Doniphan Mo.

19. (a) Nov. 15 1940 (b) C. B. Johnson
(Date received local registrar) (Registrar's signature)

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

28. Signature C. Edw. Johnson M. D. or other! _____
Address Doniphan, Mo. Date signed 11-14-40

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

1941 05 4

RECEIVED
District Health Officer No. 5,
District File Number 14123
Date Filed _____

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, above space should be left blank.