

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1941
Registration District No. 668

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3759
State File No. _____
Registrar's No. 32

Primary Registration District No. 3032

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6
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months
In this community _____
years, months or days

3. (a) PRINT FULLNAME Blanche Ann Duncan
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 2 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 5 21 _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name ~~XXXXXXXXXX~~ E.C. Duncan
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Maria Woods
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F.B. Meyer
(b) Address Sedalia, Mo. 500 N. Quincy

17. (a) Burial (b) Date thereof Jan. 25/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
Sedalia, Mo.
(b) Address _____

19. (a) 1-24-41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 45
(a) State Missouri (b) County Howard
(c) City or town Rochport
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23
year 1941 hour 9 minute 9 M.

21. I hereby certify that I attended the deceased from 1927, 19____, to 1/23, 1941
that I last saw her alive on 1/23/1941
and that death occurred on the date and hour stated above.

Immediate cause of death decompensated heart
Due to mitral stenosis

Due to Thyroidal icosis

Other conditions 1/23/41
(Include pregnancy within 3 months of death)

Major findings: the lobe Thyroidectomy
Of operations 1/20-41
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?
900
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature SP Sneed (M. D. or other) 0
Address Sedalia Mo Date signed 1/24/41

Duration 3 mo -
12 yrs -
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-10-41

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed L. E. Bouldin
Licensed Embalmer No. 3867
P. O. Address Seatale, Mo

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.