

MAR 14 1944 50

Registration District No. _____

Primary Registration District No. **3004**

Registrar's No. **89**

1. PLACE OF DEATH: *Bates Co.*
(a) County *BUTLER*
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: *1*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

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

4. Sex *male* **5. Color or race** *white* **6. (a) Single, widowed, married, divorced, or married** *married*

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** *1872* years

7. Birth date of deceased *April 15th* (Month) *1872* (Day) (Year)

8. AGE: Years *68* Months *10* Days *4* If less than one day _____ hr. _____ min.

9. Birthplace *Appleton City, Missouri.* (City, town, or county) (State or foreign country)
retired farmer

10. Usual occupation _____

11. Industry or business _____
12. Name *David Duncan*
13. Birthplace *don't know.* (City, town, or county) (State or foreign country)
14. Maiden name *Elizabeth Burdette*
15. Birthplace *Ohio* (City, town, or county) (State or foreign country)

16. (a) Informant *Mrs. Doris A. Robb,*
(b) Address *3333 sequora Dr South Gale, Cal*

17. (a) burial (Burial, cremation, or removal) **(b) Date thereof** *Feb 19* (Month) (Day) (Year)

18. (a) Signature of funeral director *Butler, Missouri*
(b) Address *10th*

19. (a) _____ **(b) Mrs. D.E. Quinn, Super Reg.** (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Feb* day *17* year *1941* hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from *Dec 16 1940.*
_____, 19____, to *Feb 17*, 19*41*
that I last saw him alive on *Feb 17*, 19*41*;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute Left Cardiac failure
Due to _____

Due to *Chronic Myocarditis*
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____

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

23. Signature *Chas. A. Rush Jr.* (M. D. certifying)
Address *Butler, Mo.* **Date signed** *2/19/41*

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

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 _____

R. Denton Lisle

Licensed Embalmer No. 4123

P. O. Address Butler, 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, above space should be left blank.