

Registration District No. 2001

Primary Registration District No. 2001

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

1. PLACE OF DEATH: **GREENE**

(a) County: Springfield

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hospital
(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: James Duncan

(b) If veteran, name war: Unknown

(c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

(b) Name of husband or wife: Emma Duncan

(c) Age of husband or wife if alive: Unknown years

7. Birth date of deceased: March 10, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63	11	13	hr. min.
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9. Birthplace: Miller County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Justice of Peace

11. Industry or business _____

MOTHER FATHER

12. Name: Gillum Duncan

13. Birthplace: Unknown / Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name: Lucinda Henderson

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

16. (a) Informant: Mrs. Emma Duncan

(b) Address: Mountain View, Missouri

17. (a) Burial (b) Date thereof: 2/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mountain View, Missouri

18. (a) Signature of funeral director: Duncan Funeral Home

(b) Address: Mountain View, Missouri

19. (a) 2-25-41 (b) W. E. Handley, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Howell

(c) City or town: Mountain View
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23
year 1941 hour 1 minute P/M.

21. I hereby certify that I attended the deceased from 2/21, 1941, to 2/23, 1941;
that I last saw him alive on 2/23, 1941;
and that death occurred on the date and hour stated above.

Duration _____

Immediate cause of death: Uremia & acute pulmonary edema 2 dp
Chronic Nephritis

Due to _____

Due to _____

Other conditions: 13/28
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: X No op.

Of operations _____

Of autopsy: X No pat op.

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? At home

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

Signature: W. E. Handley, M.D. (M. D. or other) 0

Address: Springfield, Mo. Date signed _____

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

Wayne Hunter

Licensed Embalmer No.

3444

P. O. Address

Springfield

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.