

Registration District No. 1 Primary Registration District No. 200

1. PLACE OF DEATH:  
(a) County Adair Salt R.  
(b) City or town Broader (Rural)  
(c) Name of hospital or institution: 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 75 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Adair  
(c) City or town Broader 8 mi. north  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME NARCISA A. DUVAL  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Apr. day 9 year 1941 hour 1 minute 45 P.M.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Jeanne Duval 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 17 1870 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 30 1941 to April 5 1941; that I last saw her alive on April 5 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Failure of heart due to aneurism of aorta  
Due to acute neuritis of shoulders and back  
Due to hypertension  
Other conditions (Include pregnancy within 3 months of death) 96

8. AGE: Years 71 Months 1 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

9. Birthplace Bible Grove W. Mo. (City, town, or county) (State or foreign country)  
10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name Wm. Chapman  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name Mary Johnston  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

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? 3

16. (a) Informant Tom Della Egan  
(b) Address Broader, Mo.  
17. (a) Burial (b) Date thereof Apr. 11-1941 (Month) (Day) (Year)  
(c) Place: burial or cremation Suburban Home Cemetery  
18. (a) Signature of funeral director Frank R. Easley  
(b) Address Broader, Mo.  
19. (a) April 15/41 (b) Spencer L. Freeman (Date received local registrar) (Registrar's signature)

23. Signature N. E. Cornettable (M-D-Other) DE  
Address Broader, Mo. Date signed 4/10-41

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

100

RECEIVED

District Health Officer No. 10

District File Number 5-41-918

Date Filed MAY 14 1941

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.....

*Foster P. Easley*

Licensed Embalmer No.....

*1146*

P. O. Address.....

*Brushers, 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.