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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MAY 12 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **15138**

Registration District No. **1022**

Primary Registration District No. **5732**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **Maries**  
(b) City or town **Rural**  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Maries**  
(c) City or town **Rural**  
(d) Street No. **Near Dixon**  
(e) Citizen of foreign country? **0**

3. (a) PRINT FULL NAME **John Duvall**

3. (b) If veteran, name war. (c) Social Security No.

4. Sex **Male** 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 **January 3, 1875**

8. AGE: Years **66** Months **3** Days **10** If less than one day hr. min.

9. Birthplace **Marion County, Ohio**

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Fred Duvall**

13. Birthplace **Unknown**

14. Maiden name **Amelia**

15. Birthplace **Germany**

16. (a) Informant **Chas. Duvall**

(b) Address **Dixon, Mo.**

17. (a) **Burial** (b) Date thereof **4/15/1941**

(c) Place: burial or cremation **Kenner Cemetery**

18. (a) Signature of funeral director **Fred H. Gilbert**

(b) Address **Dixon, Mo.**

19. (a) **Apr. 21, 1941** (b) **Sarah Robertson**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **13**  
year **1941** hour **9** P. M.

21. I hereby certify that I attended the deceased from **12-4-40**  
to **4-13-41**  
that I last saw ~~him~~ alive on **3-30-41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**  
Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

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?  
(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 **U. Miller** (M. D. or other)  
Address **Dixon, Mo** Date signed **4/15**

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

MOTHER FATHER

1951 W 2 911  
AUG 25 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.....

April 13, 1941

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Fred W. Ecker

Licensed Embalmer No. 2341

P. O. Address..... Dixon, 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.**