

MADE MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15422**

Registration District No. 1102

Primary Registration District No. 5870

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jennings
(b) City or town Gasella
(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 _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County At 78
(c) City or town Jennings (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Sophie D. Duckworth

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dan Duckworth 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March - 14 - 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>11</u>	<u>27</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Chess S. Turpeth

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name Delila Varnish

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Johny A. Duckworth

(b) Address B.S. Home Quincy, Ill.

17. (a) Burial (b) Date thereof 3-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation paragonville

18. (a) Signature of funeral director William Burns

(b) Address Barnesville, Mo.

19. (a) May 5 41 (b) Mrs J. R. Cole
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1941 hour 8:30 minute _____ a. M.

21. I hereby certify that I attended the deceased from March 8, 1941, to March 11, 1941; that I last saw her alive on March 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial infarction
thr. myocarditis

Due to _____

Due to _____

Other conditions asthma
(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? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

501 (Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature Ad. Shiver (M. D. or other) 11

Address Dayton, Ohio Date signed 3-11-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

5-41-19

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.....

Licensed Embalmer No.....

P. O. Address.....

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.