

FILED JUN 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17770

Registration District No. 4184

Primary Registration District No. 305

Registrar's No. 11

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town OWENSVILLE
(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 FOUR MONTHS (Specify whether years, months or days)

3. (a) PRINT FULL NAME GLEND A RAE DUNCAN

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

4. Sex FEMALE 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 11 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
X 4 7 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name RONALD DUNCAN
13. Birthplace OWENSVILLE MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name FAY NEAL VANDIGRIFFE
15. Birthplace OWENSVILLE MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Ronald Duncan
(b) Address Owensville Missouri

17. (a) Burial (b) Date thereof MAY 20 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OWENSVILLE CEMETERY

18. (a) Signature of funeral director W. H. Hettner
(b) Address Owensville Missouri

19. (a) 5-20-41 (b) Robert M. Murray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town OWENSVILLE
(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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
year 1941 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 17 1941 to May 18 1941
that I last saw her alive on May 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to Congestion of Lungs

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? (City or town) (County) (State)

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

276 (Specify type of place) (e) Means of injury

23. Signature Dr. G. H. Bradley (M. D. or other) DO

Address Owensville, Mo Date signed 5/19/41

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed W.F. Gattenstraeter

Licensed Embalmer No. 1444

P. O. Address Owensville, 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.