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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1949

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18815

Registration District No. 743 Primary Registration District No. ~~6237~~ 4445 Registrar's No.

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: Orrick (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

(c) City or town Orrick Mo (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? NO (Year of

If yes, name country 0

3. (a) PRINT FULL NAME JOHN CALVIN DUNCAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Louise Duncan

6. (c) Age of husband or wife if alive years 11

7. Birth date of deceased 9 (Month) 11 (Day) 1859 (Year)

8. AGE: Years 82 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Ray Co Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER 12. Name Robert Duncan

13. Birthplace Ray County Mo 0 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Elizabeth Todd

15. Birthplace Clay County Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Owen Duncan

(b) Address Orrick Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Siegel Cemetery

18. (a) Signature of funeral director G. Simmons

(b) Address Orrick Mo

19. (a) 5/30/41 (Date received by local registrar) (b) W. Campbell, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th year 1941 hour minute M.

21. I hereby certify that I attended the deceased from May 18th 1941 to May 29 1941 that I last saw him alive on May 28th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Endocarditis	5 yrs
Chronic Bright's Disease	
Due to Heart Block -	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury 9

23. Signature Giffin F. Simmons (M.D. or other) D.O.

Address Orrick - Mo Date signed May 30/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 6-7-41
Date Filed

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 E. Thurman

Licensed Embalmer No. 2073

P. O. Address Richmond, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.