

FILED JUN 12 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18884

Registration District No. 775

Primary Registration District No. 6020a

Registrar's No. 36

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre

(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street/number or location)

(d) Length of stay: In hospital or institution 1 1/2 hours
(Specify whether In this community years, months or days) 7 yrs 1 month 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois

(c) City or town Flat River
(If outside city or town limits write "RURAL")

(d) Street No. 5
(If rural, give location) 2

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Wendell Harry Duncan

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

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased April 13 1934
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>7</u>	<u>1</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Flat River, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School boy

MOTHER FATHER

11. Industry or business _____

12. Name Ed Duncan

13. Birthplace Mine La Motte Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lily Martin

15. Birthplace Mine La Motte Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. D. Duncan

(b) Address Flat River, Mo.

17. (a) Burial (b) Date thereof May 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francis Memorial Park

18. (a) Signature of funeral director C. Z. Bayer

(b) Address Deale, Missouri

19. (a) May 23 1941 (b) H. W. Newlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1941 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased Dr. Englebert Dietrich May 22 1941 that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture
fractured feet; We the jury think that Wendell Duncan was hit by an automobile driven by a man named [unclear] and died in the Bonne Terre Hospital

Duration _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
179 C⁶ 110!

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) Accident

(b) Date of occurrence May 21, 1941

(c) Where did injury occur Flat River, St. Francois Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Frederic Place 578

(e) Means of injury Skull fracture
(Specify type of place) (f) No While at work

23. Signature Arrence Claywell Carney
(M., D., or other)

Address Bonne Terre Mo Date signed 5/22/41

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.....

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

Signed

C. J. Burger

Licensed Embalmer No. *1671*

P. O. Address *Deer Lake, 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.