

No. 2  
4-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28294

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 639

9  
6  
2

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 906 E. Benvenuto  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

In this community 1  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Judy Duncan

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color White

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

6. (b) Name of husband or wife Wm. L. Duncan (Dec)

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

7. Birth date of deceased Nov 6 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>8</u>	<u>28</u>	<u>no</u>

9. Birthplace Don't know Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

12. Name Address of Clark

13. Birthplace Don't know Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Meyers

15. Birthplace Don't know West Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. H. Koss

(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof Aug 7 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wm. Duncan

18. (a) Signature of funeral director Wm. Duncan

(b) Address Springfield Mo.

19. (a) 8-7-41 (b) W. E. Handley MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Greene 039

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

(d) Street No. 906 E. Benvenuto  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4  
year 1941 hour 10 AM minute 0 M.

21. I hereby certify that I attended the deceased from Aug 3 1941 to Aug 4 1941  
that I last saw her alive on Aug 4 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to acute indigestion  
not apparent cause except cerebral hemorrhage

Due to \_\_\_\_\_

Other conditions no  
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

(Specify type of place)

While at work? no (e) Means of injury fall

23. Signature W. E. Handley (M.D. or other) MD  
Address Springfield Mo. Date signed Aug 5

984 (Licensed Embalmer's Statement on Reverse Side)

**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. D. Worthy*

Licensed Embalmer No.....

✓ 1767

P. O. Address.....

*Spring Field*

**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.**

X