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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28330

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 682

FILED SEP 15 1941

9
2
6

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: 1028 Florence Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Life. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 039
(a) State Missouri (b) County Greene 2
(c) City or town Springfield. 6 (If outside city or town limits, write "RURAL")
(d) Street No. 1028 Florence Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Florence Duncan
3. (b) If veteran, name war NO
3. (c) Social Security No. None.
4. Sex Female 3
5. Color or race Colored
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Unknown Duncan
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Jan. (Month) 15 (Day) 1851 (Year)

8. AGE: Years 90 Months 7 Days 6 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Helen Duncan
(b) Address 1028 Florence, City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22 (Month) (Day) 1941 (Year)
(c) Place: burial or cremation Hazelwood Cem.
18. (a) Signature of funeral director W. T. Campbell
(b) Address 867 Washington
19. (a) 8-22-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RGB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21st year 1941 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from 8/17/ 1941, to 8/21/ 1941; that I last saw her alive on 8/20/ 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Exhaustion	
Due to Chr. myocarditis	P
Due to Arteriosclerosis	P
cerebral Hemorrhage	
Other conditions Hemiplegia (P) (Include pregnancy within 3 months of death)	P

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

23. Signature R. E. Jenkins (M. D. or other) MD
Address 305½ College St. Date signed 8/22/41

987

(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 not embalmed by me, or by

This body is not Embalmed Registered Apprentice No.

working under my personal supervision.

Signed W P Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield Ill

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

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