

No. 2
4-14-40
-17-39
X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29533

State File No. _____

FILED SEP 11 1941
Martin
Registration District No. 821

Primary Registration District No. 4583

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott

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

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

(d) Length of stay: In hospital or institution 1 hour
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charles Edwin Duncan

3. (b) If veteran, name war. --

3. (c) Social Security No. --

4. Sex M 5. Color or race W 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 Sept. 1939
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>11</u>	<u>15</u>	hr. _____ min.

9. Birthplace Kewanee Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Harold E. Duncan

13. Birthplace Beebranch Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Myrl Louise Byers

15. Birthplace Bragg City Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Harold E. Duncan

(b) Address Morley, Mo. #1

17. (a) Burial (b) Date thereof 8-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kewanee, Mo.

18. (a) Signature of funeral director John A. ...

(b) Address Sikeston, Mo.

19. (a) 9-3-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Morley Rural
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8- day 20 year 1941 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Present 20, 1941, to Aug 20, 1941;
that I last saw him alive on Aug 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Basal Skull Fracture

Due to Automobile Accident

Due to _____

Other conditions 170C
(Include pregnancy within 3 months of death)

Major findings: 170C
Of operations: _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence August 20, 1941

(c) Where did injury occur? near Morley same Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
91-5 Highway 61

(e) Means of injury Auto turned
(Specify type of plane)

23. Signature [Signature] (M. D. or other) [Signature]

Address Sikeston, Mo. Date signed 8/21/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2520

100
5
2

0

RECEIVED

District Health Office No. 2,

District File Number 941-1231

Date Filed 9/8/41

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 John Alleton

Licensed Embalmer No. 2941

P. O. Address.....

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.