

FILED NOV 4 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34274

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 275

1. PLACE OF DEATH: Boone

(a) County. Boone

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

(c) Name of hospital or institution: 201 N. 2nd St / A (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. In this community about 12 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME. MILDRED DUNCAN

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

4. Sex. Female. 5. Color or race. negro. 6. (a) Single, widowed, married, divorced. Widowed

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

7. Birth date of deceased. 7-8-1861 (Month) (Day) (Year)

8. AGE: 80 Years 2 Months 29 Days If less than one day hr. min.

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

10. Usual occupation. Domestic

11. Industry or business

12. Name. Don't Know

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

14. Maiden name. (City, town, or county) (State or foreign country)

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

16. (a) Informant. Name. Earnell

(b) Address. Auburn Nebraska

17. (a) Burial (b) Date thereof. 10-10-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Fulton Mo. R. F. D.

18. (a) Signature of funeral director. Stuart P. Parker

(b) Address. Columbia Missouri

19. (a) 10/8/41 (b) Allie Selby (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Boone

(c) City or town. Columbia

(d) Street No. 201 N. 2nd St. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Oct day 7 year 1941 hour 10 minute 14 a. M.

21. I hereby certify that I attended the deceased from Oct 6, 1941, to Oct 7, 1941, that I last saw her alive on Oct 7 - 1941, and that death occurred on the date and hour stated above.

Immediate cause of death

Subar Pneumonia 6 days

Due to. Influenza 6 days

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

Major findings: Of operations. 33a

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature. O. A. Moore (M. D. or other) 2nd

Address. 301 N. 5th Columbia Mo. Date signed 10-8-41

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

10
2
4

NOV 3 1941

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 Sheldon D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.