

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 35110Registration District No. 572Primary Registration District No. 5518Registrar's No. 1093

## 1. PLACE OF DEATH:

(a) County Holt  
 (b) City or town New Madrid City, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME John H. Duncan

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

4. Sex Male 5. Color or race White 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 Jan. 23rd 1855  
(Month) (Day) (Year)8. AGE: Years 86 Months 9 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Holt Co. Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Unknown  
 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joe Smith  
(b) Address Forest City Mo.17. (a) Burial (b) Date thereof Oct. 31st 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mound City, Mo.18. (a) Signature of funeral director W. H. Gouffard  
(b) Address Mound City Mo.19. (a) 10-31-41 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt  
 (c) City or town 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 Oct day 29  
year 1941 hour 9 minute 021. I hereby certify that I attended the deceased from Oct 24, 1941, to Oct 29, 1941.  
that I last saw him alive on Oct 28 41, 1941.  
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage Duration 7:30

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

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

Other conditions Arterio Sclerosis  
(Include pregnancy within 3 months of death)Major findings: Of operations 430

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? \_\_\_\_\_

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

23. Signature Joe C. Tracy (M. D. or other) \_\_\_\_\_  
Address Mound City Mo. Date signed 10-29-41

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**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.....

Licensed Embalmer No. 1824

P. O. Address Mound City, 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.**