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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 27 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37828
Registrar's No. 1085

Registration District No. 85 Primary Registration District No. 1001

1. PLACE OF DEATH:
(a) County Buchanan Mo
(b) City or town St Joseph Mo
(c) Name of hospital or institution 1120 East Highland ave
(d) Length of stay: In hospital or institution X
In this community 1 yr 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Buchanan Mo
(c) City or town St Joseph Mo
(d) Street No. 1120 East Highland ave
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES LESTER DUFF
3. (b) If veteran, name war X
3. (c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Nov day 12
year 1941 hour 4 minute 15 p.m.
21. I hereby certify that I attended the deceased from Oct 17 1941 to Nov 12 1941
that I last saw him alive on Nov 11 1941 and that death occurred on the date and hour stated above.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased March 16 1872

Immediate cause of death
1. Atherosclerosis heart disease with central involvement
Due to 1. Heart failure
2. Chronic nephritis (without edema)
Due to 3. Hypertrophied prostate gland with retention
Other causes of death (Include pregnancy within 3 months of death)
4. Degenerative arthritis
Major findings: Of opinion 5. Abdominal hernia
Of autopsy
Duration
Physician
Underline the cause to which death should be charged statistically.

8. AGE: Years 69 Months 7 Days 26 If less than one day hr. min.

9. Birthplace Andrew Co. Mo

10. Usual occupation Machinist

11. Industry or business

12. Name Ned Duff
13. Birthplace Kentucky

14. Maiden name Mary Ann Noble
15. Birthplace Andrew Co. Mo

16. (a) Informant Samuel Dawson
(b) Address St Joseph Mo

17. (a) Fullness Mo (b) Date thereof Nov 13 41
(c) Place: burial or cremation Fullness Mo

18. (a) Signature of funeral director J Fred Lehman
(b) Address J Dawson Mo

19. (a) 11/13/1941 (b) J Dawson Mo
(Date received local registrar) (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify name of place, (c) business of injury)
23. Signature Wm B. [Signature] (M. D. or other) M.D.
Address [Address] Date signed 11-13-41

NOV 26 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 *Fred Terhune*
Licensed Embalmer No. *1279*
P. O. Address *Savannah*

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.