

FILED JAN 20 1942

Registration District No. 73

Primary Registration District No. 5112

Registrar's No. 338

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia Twp. Rural #4  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8 miles N. E. Columbia Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community Life  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Rural - Columbia Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural - R# 4  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Solomon K. Duncan.

3. (b) If veteran, name war r 3. (c) Social Security No. 1

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced married  
7. Name of husband or wife Lavanda Belle Duncan 6. (c) Age of husband or wife if alive years  
8. Birth date of deceased 7 - 29 - 1853  
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 29 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business same

12. Name John Duncan

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

14. Maiden name Nancy Boyd

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

16. (a) Informant Mrs. S. K. Duncan

(b) Address R# 4 Columbia, Mo.

17. (a) Rural (b) Date thereof 12-30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millersburg Mo. Cemetery

18. (a) Signature of funeral director Parker's

(b) Address Columbia, Mo.

19. (a) 12/30/41 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th  
year 1941 hour 4 PM minute..... M.

21. I hereby certify that I attended the deceased from.....  
..... 19..... to 12-28- 1941  
that I last saw him alive on Dec, 19 - 1941  
and that death occurred on the date and hour stated above.  
Immediate cause of death Flu

Due to Bacilli Brucellia

Due to Arthritis

Other conditions Inflamed for several  
(Include pregnancy within 3 months of death) years

Major findings: None  
Of operations 338

Of autopsy None

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

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

(b) Date of occurrence None

(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) (e) Means of injury.....

23. Signature W. R. Duggan (M. D. or other).....

Address Columbia, Mo. Date signed 12/30/41

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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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

*W. W. Whitehead*

Licensed Embalmer No.

*2893*

P. O. Address

*Baltimore Md*

**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.**