

L. No. 2
-9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42077**
Registrar's No. **328**

DEC 31 1941 **398**
Registration District No. **3019**

Primary Registration District No. **3019**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Independence Mo.**
(c) Name of hospital or institution: **Independence Sp. H.**
(d) Length of stay: **5** in hospital or institution. (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Rich Hill, Mo.**
(d) Street No. **1 mile S of City**
(e) Citizen of foreign country? **Yes** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Anna Bell Duncan**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **9** year **1941** hour **X** minute **8** P.M.
21. I hereby certify that I attended the deceased from **Nov 15 1941** to **Dec 9 1941** that I last saw him alive on **Dec 9 1941** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **wht** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **3** years (Month) (Day) (Year)

Immediate cause of death **Lymphatic leukemia** Duration **1 yr**
Due to _____
Due to _____
Other conditions **anemia**
(Include pregnancy within 3 months of death)

7. Birth date of deceased **Nov 3 1931**
(Month) (Day) (Year)

Major findings: Of operations **14**
Of autopsy **above**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years **10** Months **1** Days **6** If less than one day hr. min.

9. Birthplace **New Mexico**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

12. Name **Naylor Duncan**
13. Birthplace **Oklahoma**
(City, town, or county) (State or foreign country)

14. Maiden name **Brown Mason**
15. Birthplace **Rich Hill, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Naylor Duncan**
(b) Address **Rich Hill, Mo.**

17. (a) **Burial** (b) Date thereof **Dec 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rich Hill, Mo Cemetery**

18. (a) Signature of funeral director **W. R. Cook**
(b) Address **Rich Hill, Mo.**
19. (a) **12-10-41** (b) **J. R. Cook M.D.**
(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) **yes**
(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? **yes** (Specify type of place) Means of injury **17**
23. Signature **W. R. Cook** (M. D. or other) **17**
Address **Independence Mo** Date signed **Dec 9 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 me

working under my personal supervision. Registered Apprentice No. _____

Signed

Roland Speaks

Licensed Embalmer No. 3604

P. O. Address Independence, 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, fact should be so stated above.