

S. No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7237**

FILED MAR 2 1942
Registration District No. **5742**

Primary Registration District No. **5731**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **Maries**
(b) City or town **Rural-Jackson Twp**
(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 **61 years**
In this community **61 years**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **William Birl 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 **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **Deceased**
7. Birth date of deceased **Jan. 23, 1856**
(Month) (Day) (Year)

8. AGE: Years **86** Months **3** If less than one day _____ hr. _____ min.

9. Birthplace **Pulaski County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farm**

12. Name **James R. Duncan**

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

14. Maiden name **Armenta Matthews**

15. Birthplace **Pulaski County Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. O. D. Copeland**

(b) Address **Argyle, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 28, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Repske Cemetary**

18. (a) Signature of funeral director **H. C. Cunningham**

(b) Address **Vienna, Mo.**

19. (a) **2/4/42** (b) **Erma Bassett**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** **26** day **1942**
year _____ hour **1:00** minute _____ P. M.
21. I hereby certify that I attended the deceased from **Jan. 18, 1942**
19 _____ to **Jan. 20, 1942** 19 _____
that I last saw him alive on **Jan. 18, 1942** 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic Pneumonia** Duration _____

Due to **Influenza (grippe)**

Due to _____

Other conditions **330**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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

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

(b) Date of occurrence _____

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 **3**

23. Signature **S. C. Howard, M.D.** (M. D. or other) **D. O.**

Address **Vienna, Mo.** Date signed **2/27/42**

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1076

(Licensed Embalmer's Statement on Reverse Side)

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.....

J. C. Birmingham

Licensed Embalmer No.....

3664

P. O. Address.....

Merino 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.