. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11149

State File No.

Registration District No. 461 Primary Registration District No. 3024 Registrar's No. 17

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

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lexington
(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 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Lexington
(If outside city or town limits, write "RURAL")
(d) Street No. 22 Second st.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME George W. Duncan
3. (b) If veteran, name war No
3. (c) Social Security No. 495-01-7225
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife no
6. (c) Age of husband or wife if alive no years
7. Birth date of deceased Mar. (Month) 5. (Day) 1888 (Year)

8. AGE: Years 54 Months -- Days 5 If less than one day hr. min.

9. Birthplace Lexington (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Coal Mining
11. Industry or business
FATHER
12. Name Harve Duncan
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)
MOTHER
14. Maiden name Scrilda Shook
15. Birthplace Green Bush (City, town, or county) Iowa 1 (State or foreign country)
16. (a) Informant Norma Clemons
(b) Address Lexington Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 13. 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Burial
18. (a) Signature of funeral director E. Thurman
(b) Address Richmond Mo.
19. (a) 3/13/42 (Date received local registrar) (b) Mrs Fred Schwab (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 10 year 1942 hour 6 minute 45 P. M.
21. I hereby certify that I attended the deceased from March 2, 1942 to March 10 1942 that I last saw him alive on March 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis D, K — Duration
Due to Reflex Broncho Spasm
Due to
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations — 93d
Of autopsy none

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? (Specify type of place)
While at work? — (e) Means of injury — D
23. Signature G. S. West, M.D. (M. D. or other) M.D.
Address Lexington, Mo. Date signed 3/11/42

1158 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 4-8-42

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 C. Thurman

Licensed Embalmer No. 2073

P. O. Address Richmond 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.