S. No. 2
—4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14335

State File No.

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 281

39
21
6

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mary High rest Home 4 E Monroe
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 90 Days
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene 4

(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")

(d) Street No. 463 S Market
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no 0 years.

3. (a) PRINT FULL NAME Lulu Gertrude Duncan

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fm 1

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July (Month) 9 (Day) 1877 (Year)

8. AGE: Years 64 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Ash Grove (City, town, or county) 0 Mo (State or foreign country)

10. Usual occupation Music Teacher

11. Industry or business Teaching

FATHER
12. Name Hale Duncan
13. Birthplace Unknown (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name Minnie Robbins
15. Birthplace unknown (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant Lawrence Caine
(b) Address 511 W McDainel city

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/42 (Month) (Day) (Year)
(c) Place: burial or cremation Ash Grove cemetery

18. (a) Signature of funeral director D unn Funeral Home
(b) Address Springfield MO

19. (a) 4-13-42 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1942 hour 2. 30 minute P M.

21. I hereby certify that I attended the deceased from 2/15/42, 19, to 4/10/42, 19; that I last saw her alive on 2/22/42, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings:
Of operations
Of autopsy

Duration

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 0

23. Signature [signature] (M. D. or other)
Address Springfield Date signed 4/13/42

48T

(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 Lawrence L Hall

Licensed Embalmer No. 2784

P. O. Address Springfield Ill

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.