/S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

AUG 6 1942

JUL 15 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20683 23 4

Registration District No. 86 Primary Registration District No. 10 0-1 Registrar's No. 578.

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hosp't 1day (Specify whether years, months or days)

In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Holt 2/4/1

(c) City or town: Mound City
(If outside city or town limits, write "RURAL") O

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: THOMAS HENRY DUNCAN

3. (b) If veteran, name war: World War 1st.

3. (c) Social Security No.: none

4. Sex: male O

5. Color or race: white

6. (a) Single, widowed, married, divorced: married 1

6. (b) Name of husband or wife: Gladys Duncan

6. (c) Age of husband or wife if alive: 42 years

7. Birth date of deceased: Sep't (Month) 29 (Day) 1895 (Year)

8. AGE: Years 46 Months 8 Days 21 If less than one day hr. min.

9. Birthplace: Bigelow (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation: Trucker

11. Industry or business:

FATHER
12. Name: Lewis W. Duncan
13. Birthplace: unknown (City, town, or county) unknown 9 (State or foreign country)

MOTHER
14. Maiden name: Magaria Ford
15. Birthplace: unknown (City, town, or county) unknown 9 (State or foreign country)

16. (a) Informant: Rosa E. Openly
(b) Address: Mound City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/42 (Month) (Day) (Year)

(c) Place: burial or cremation Mound City, Mo.

18. (a) Signature of funeral director: Hasler & Bale & Bowman
(b) Address: 319 S. 10 St. Joseph, Mo.

19. (a) 6-22-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1942 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 20, 1942 to June 20, 1942 that I last saw him alive on June 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Thrombosis Cerebral	6 hrs
Due to: Cerebral Sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 83 yr	

Major findings:
Of operations:
Of autopsy: The above

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

23. Signature: L. H. Fuson (M. D. or other) M.D.

Address: St. Joseph, Mo. Date signed 6-21-42

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(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

not embalmed, Registered Apprentice No.

working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St Joseph 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.