V. S. No. 2
OM—9-4-41
ev. 5-17-39
I. X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

20925

State File No.

FILED JUL 8 1942

Registration District No. 198

Primary Registration District No. 8011

Registrar's No. 102

24

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

**1. PLACE OF DEATH:**

(a) County Clay

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

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community unknown
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Carroll 17

(c) City or town Norborne 2
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Sam W. Duncan

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

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife --

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

7. Birth date of deceased June 14, 1892
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 50 | 0? | 12 | hr. min. |

9. Birthplace ? (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Operator of tire shop

11. Industry or business " "

FATHER
12. Name Nothing known of father
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Ella Duncan
15. Birthplace ? (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Hospital records, Veterans
(b) Address Administration, Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Norborne, Mo.

18. (a) Signature of funeral director Claude Prichard
CLAUDE PRICHARD, Undertaker
(b) Address Excelsior Springs, Missouri

19. 6-26-42 (Date received local registrar) Mrs Ladie Redman (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 26
year 1942 hour 12:10 minute A. M.

21. I hereby certify that I attended the deceased from June 19, 1942 to June 26, 1942
that I last saw him alive on June 26, 1942
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Hemiplegia, left, due to cerebral hemorrhage | 9 days |
| ~~Due to~~ Hypertensive heart disease with cardiac enlargement | unknown |
| ~~Due to~~ | |
| Other conditions Nephritis, interstitial, chronic (Include pregnancy within 3 months of death) | unknown |

Major findings:
Of operations --
Of autopsy No autopsy

131a

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 Forrest G. Bell (M. D. or other) MD
FORREST G. BELL, M.D.
Address Veterans Administration Excelsior Springs, Mo. Date signed 6-26-42

1166

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-2-42

## 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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, 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.**