

FILED SEP 13 1942  
Registration District No. 3194B

Primary Registration District No. 6278

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 55 years  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME DELLA M. DUNCAN

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex F. 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jack Duncan 6. (c) Age of husband or wife if alive 58 years

Birth date of deceased May - 28 1887  
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Hartsville Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name M. Barbee

13. Birthplace unknown Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown G  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jack Duncan

(b) Address Hartsville Mo

17. (a) Burial (b) Date thereof 8-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home

18. (a) Signature of funeral director Edie E. Holden

(b) Address Hartsville Mo

19. (a) Aug 20-42 (b) W. F. Wynn  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 114

(a) State Missouri (b) County Wright

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

(d) Street No. Rural-7 mi N. Hartsville  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17 year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 10th to Aug 17th 1942

that I last saw her alive on June 17th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac  
Dropsey

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 95c<sup>2</sup>  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Dr. W. Murrell (M. D. or other) \_\_\_\_\_

Address Hartsville Mo Date signed 8-28-42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 942-1344

Date Filed SEP 9 1942

**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 Gene E. Hillman

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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, above space should be left blank.**