. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1942

Registration District No. 274

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

State File No. 31029

Registrar's No. 317

1. PLACE OF DEATH:

(a) County PETTIS

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 41 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS 80

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

(d) Street No. 819 W 4TH 7
(If rural, give location)

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

3. (a) PRINT FULL NAME NELL HUNT DUNCAN

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

3. (c) Social Security No. .....

4. Sex FEMALE / 5. Color or race WHITE / 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife TILLERY DUNCAN

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased JAN (Month) 28 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	7	11	..... hr. ..... min.

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

10. Usual occupation AT HOME

11. Industry or business .....

FATHER
12. Name DANIEL W HUNT
13. Birthplace ROCHEPORT (City, town, or county) Mo O (State or foreign country)

MOTHER
14. Maiden name STRICKLES
15. Birthplace ROCHEPORT (City, town, or county) Mo O (State or foreign country)

16. (a) Informant TILLERY DUNCAN
(b) Address SEDALIA Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/10/42 (Month) (Day) (Year)
(c) Place: burial or cremation ROCHEPORT Mo

18. (a) Signature of funeral director Geo Dillard
(b) Address SEDALIA

19. (a) 9/9/42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9th
year 1942 hour 2.05 minute a M.

21. I hereby certify that I attended the deceased from May 10, 1942 to Sept 9th, 1942
that I last saw her alive on Sept 8th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Probable Carcinoma of the Pancreas — Duration Dont Know

Due to .....

Due to .....

Other conditions 469
(Include pregnancy within 3 months of death)

Major findings:
Of operations Saparotomy - June 10th 1942 -
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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no - (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Jno B. Carlisle M.D. (M. D. or other)
Address 314 Ohio St. Sedalia Mo Date signed 9-9-42

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 10-7-42

MAR 26 1943

MAR 30 1943

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Dedalia 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.