

S. No. 2
M-9-4-41
Rev. 5-17-39
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38291

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 7 1942
339
Registration District No.

Primary Registration District No. 6149

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Rural - New Lisbon
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community ENTIRE LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town ADVANCE, MO.
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME JAMES HENRY DUFFEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 27
year 1942 hour 5 minute 30 M.

4. Sex MALE 5. Color or race White

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

6. (b) Name of husband or wife LUCY DUFFEY

6. (c) Age of husband wife if alive 78 years

7. Birth date of deceased JUNE 16, 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 10, 1942 to Oct. 27, 1942
that I last saw him alive on Oct. 26, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 89 Days 4 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic myocardial and atherosclerosis

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

Due to _____

Due to _____

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

10. Usual occupation FARMER

11. Industry or business SAME

Physician _____

MOTHER FATHER

12. Name BARNEY DUFFEY

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

14. Maiden name MARIAH GLOVER

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

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant Judy Duffey

(b) Address ADVANCE, MO. R. 1

17. (a) BURIAL (b) Date thereof OCT 29, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNION GRAVE Cem.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

18. (a) Signature of funeral director Watkins Funeral

(b) Address Blountfield, Mo.

19. (a) 11-5-1942 (b) J. J. Steinmueller
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature S. J. Davis (M. D. or other) _____

Address Deater, Mo. Date signed 10/28/42

(Licensed Embalmer's Statement on Reversed Side)

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

103
0
0

RECEIVED

District Health Office No. 2

District File Number 1242-149

Date Filed 12-5-42

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.....

B. J. Brentlinger

Licensed Embalmer No.....

P. O. Address.....

*420
Dexter, 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.