

FILED DEC 15 1942
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10148

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... *St Louis*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution.....
Missouri Pacific Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... *Ill* (b) County..... *St Clair*
(c) City or town..... *Dupo*
(If outside city or town limits, write "RURAL")
(d) Street No. *129* *South 4th*
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... *2*

3. (a) PRINT FULL NAME..... *George Henry Duncan*

3. (b) If veteran, name war..... *no* 3. (c) Social Security No.....

4. Sex..... *Male* 5. Color or race..... *White* 6. (a) Single, widowed, married, divorced..... *Married*

6. (b) Name of husband or wife..... *Mary J. Duncan* 6. (c) Age of husband or wife if alive..... *66* years

7. Birth date of deceased..... *Dec 9 1870*
(Month) (Day) (Year)

8. AGE: Years..... *72* Months..... *1* Days..... *24*
If less than one day..... hr. min.

9. Birthplace..... *St Louis Mo*
(City, town, or county) (State or foreign country)

10. Usual occupation..... *Conductor - Retired*

11. Industry or business..... *M-O-P Rail Road*

12. Name..... *Thomas Duncan*

13. Birthplace..... *Glasgow Scotland*
(City, town, or county) (State and foreign country)

14. Maiden name..... *Margaret Elliott*

15. Birthplace..... *Ottawa Canada*
(City, town, or county) (State and foreign country)

16. (a) Informant..... *Mary J. Duncan*

(b) Address..... *Dupo, Illinois*

17. (a) *Burial* (b) Date thereof..... *Dec 3-1942*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... *Valhalla*

18. (a) Signature of funeral director..... *Albert S. Dushaw*

(b) Address..... *Dupo Ill*

19. (a) *DEC 5 1942* (b) *J. F. Medick*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... *Dec* day..... *3*
year..... *1942* hour..... *11* minute..... *10 P.* M.

21. I hereby certify that I attended the deceased from..... *Dec*
1941, to..... *Dec 3* 1942

that I last saw him alive on..... *Dec 3* 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma Prostate with generalized metastases
Due to.....
Due to..... *51*

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

Major findings:
Of operations.....

Of autopsy.....

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) (c) Means of injury.....

23. Signature..... *Dr. Boyd* (M. D. or other)
Address..... *Mo. Pa. Hosp* Date signed..... *12-3-42*

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remains present

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.....

Body not embalmed..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.