

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3759  
Registrar's No. 127

FILED JAN 21 1943

Registration District No. 350

Primary Registration District No. 6225

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada

(c) Name of hospital or institution: State Hospital No 3 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 years 10 mo 13 days (Specify whether years, months or days)

In this community 11 years 10 mo 13 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

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

(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country U.S.A.

3. (a) PRINT FULL NAME LAURA-DUFF

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3  
year 1942 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 1939 to Dec 3 1942  
that I last saw her alive on Dec 3 1942  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife William Duff

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

7. Birth date of deceased: Feb 4 1864  
(Month) (Day) (Year)

Immediate cause of death: Broncho Pneumonia Bilateral

Due to Inoperable Ca of Ho  
Esophagus

Other conditions senile Dementia  
(include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>9</u>	<u>29</u>	<u>-</u> hr. <u>-</u> min.

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

10. Usual occupation formerly "Beauty Specialist"

11. Industry or business none

12. Name Isaac C. Mathews

13. Birthplace Gasconade Co Mo. O  
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Smith

15. Birthplace Gasconade Co Mo. O  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp No 3

(b) Address Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cemetery

18. (a) Signature of funeral director Allen Wray

(b) Address Nevada Missouri

19. (a) 5 1942 (Date received local registrar) (b) Elizabeth Brubridge (Registrar's signature)

PHYSICIAN

Major findings: none

Of operations none

Of autopsy findings of autopsy as given above

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) none

(b) Date of occurrence none

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? none (Specify type of place) (e) Means of injury none

23. Signature Paul L. Barone (M.D. or other)  
Address State Hosp No 3 Date signed Dec 3

RECEIVED

District State Officer No. 7,

District File Number 12-42-1496

Date Filed 1-15-43

**'STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ <sup>not embalmed</sup> by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Allen & Keys

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.**