

**D MAR 6 1943** 128  
Registration District No. 370

Primary Registration District No. 5465

State File No. \_\_\_\_\_  
Registrar's No. 145

1. PLACE OF DEATH:

(a) County. GREENE  
(b) City or town. ~~SPRINGFIELD~~ Rural 7. Campbell  
(c) Name of hospital or institution:  
R. F. D. # 6 / (Hutchison St)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 55 yr.  
In this community. 55 yr.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO. (b) County. GREENE  
(c) City or town. ~~SPRINGFIELD~~ Rural 7. Campbell  
(d) Street No. R. F. D. # 6 (Hutchison St)  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country. \_\_\_\_\_

3. (a) PRINT FULL NAME ELBERT E. DUNCAN

3. (b) If veteran, NONE name war. 3. (c) Social Security No. 491-03-0709

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

6. (b) Name of husband or wife. LUCIE DUNCAN 6. (c) Age of husband or wife if alive. 54 years

7. Birth date of deceased. MAY 22 1887  
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 22 If less than one day hr. min.

9. Birthplace. MORRISVILLE MO. A  
(City, town, or county) (State or foreign country)

10. Usual occupation. LABORER

11. Industry or business. LABORER

12. Name. JOHN DUNCAN

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

14. Maiden name. EMMA WILLIAMS

15. Birthplace. Unknown VA. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. E. E. Duncan

(b) Address. SPRINGFIELD MO.

17. (a) Burial (b) Date thereof. Feb 18-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Green Lawn Cem.

18. (a) Signature of funeral director. J. W. Klingenstein

(b) Address. SPRINGFIELD MO.

19. (a) 2-17-43 (b) A. W. H. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month FEB. day 14  
year 1943 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from  
Oct. 22 1942 to Feb. 14 '43, 19  
that I last saw him alive on Feb. 12 '43  
and that death occurred on the date and hour stated above.

Immediate cause of death.

Coronary Occlusion  
Due to Arterio-Sclerosis

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

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations. 94a

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?  
\_\_\_\_\_

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

23. Signature. [Signature] Address. Springfield, Mo. Date signed 2-15

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

39  
0  
0

7

984

39  
0  
0

43

**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 \_\_\_\_\_

Licensed Embalmer No. 407

P. O. Address. Springfield

**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.**