

FILED APR 14 1943
Registration District No. 22

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3307 Renick Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 55 years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 3307 Renick Street,
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mathew R. Duffield,

3. (b) If veteran, name war..... None, 3. (c) Social Security No. None,

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

6. (b) Name of husband or wife Luey E. Duffield, 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 20th. 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 8 20 hr. min.

9. Birthplace Rochester, New York,
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor,

11. Industry or business Painting & Paper,

12. Name George Duffield,

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

14. Maiden name Amelia Spence,

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

16. (a) Informant Mrs. M. R. Duffield,

(b) Address 3307 Renick Street, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 3/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Mal. Brimmer

(b) Address 319 South 10th Street, Ho.

19. (a) 3-12-43 (b) Rose Deppoy
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th.
year 1943 hour 9:00 minute 15 a.m.

21. I hereby certify that I attended the deceased from 1942
19... to 3-10- 1943

that I last saw h. i. m. alive on 3-8- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 days

Due to Generalized arteriosclerosis?

Due to Hypertension?

Other conditions (Include pregnancy within 3 months of death)

Major findings: None 83a
Of operations

Of autopsy

Duration

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).....

(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) (e) Means of injury.....

23. Signature McGinnis (M. D. or other)

Address 18 Joseph Mo. Date signed 3/10/43

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

MOTHER FATHER

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 3/10/43, Registered Apprentice No. ✓
working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St Joseph M

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.