

FILED APR 14 1943

Registration District No. 307

Primary Registration District No. 5756

Registrar's No. 42

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

1. PLACE OF DEATH Maries

(a) County Rural - Jefferson

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

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries

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

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Emmet Duncans

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

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

6. (b) Name of husband or wife Genora 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 21 - 1871 (Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>8</u>	<u>13</u>	_____ hr. _____ min.

9. Birthplace Gasconade Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Duncan

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

14. Maiden name Betty McKenney

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

16. (a) Informant Gregory Duncans

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 3/7/43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highgate

18. (a) Signature of funeral director Sassmann's Funeral Service

(b) Address Belle, Mo.

19. (a) Mar. 10 - 43 (b) Erma Bassett (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1943 hour 3:00 minute _____ p. a. m.

21. I hereby certify that I attended the deceased from 2/4/43 to 3/4/43, 19____; that I last saw him alive on 2/13/43, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon Chronic Myocardial Degeneration

Due to _____

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

Major findings: Of operations 46e

Of autopsy _____

Duration

10 mo.

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? _____

23. Signature R. H. Schowhake (Specify type of place) (e) Means of injury _____

Address Belle Date signed 2/10

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..... *Chester Hassman*
Licensed Embalmer No. *4178*
P. O. Address *Blond - 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.