

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

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STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11810

Registration District No. 378

Primary Registration District No. 6285

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Mountain Grove, Rural (outside limits)
(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 _____ (Specify whether)
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Mountain Grove, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Andrew Gilbert Duke

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edna Duke 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 14, 1897
(Month) (Day) (Year)

8. AGE: Years 25 Months 9 Days 28 If less than one day hr. _____

9. Birthplace Mtn Grove Mo (City, town, or county) Mo (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Andrew Duke
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
14. Maiden name Martha Sluice
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant W. J. Sluice

(b) Address Brian Mountain

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Catharin Cemetery

18. (a) Signature of funeral director George Stapp

(b) Address Mtn. Grove Missouri

19. (a) 3-11-43 (Date received local registrar) (b) H. M. Lower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12
year 1943 hour 3 minute 30A. M.

21. I hereby certify that I attended the deceased from viewed the body 2/12 - 1943
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease ?
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 R. A. Pagan (M. D. or other) 0
Address Mtn Grove Date signed 3/11-43

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

MOTHER FATHER

1235

(Licensed Embalmer's Statement on Reverse Side)

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 Burge Stepp
Licensed Embalmer No. 3161
P. O. Address Wm. Stepp 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.

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(c) Name of hospital or institution:
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(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Andrew Gilbert Duch

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased April 14 (Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 30 (If less than one day by min.)

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month February, 1943 year, hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, that I saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Sudden death
heart attack
and I examined
him after death and
think it most probable
due to heart disease of
same sort

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

Major findings: Of operations _____

Of autopsy _____

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? _____

Where _____ (Specify type of place)

23. Signature I.R.A. Ryan (M. D. or other)

Address 1111 1/2 Date signed 2-14-43

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

SUPPLEMENTARY

S-11810