DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

Registration District No. 240

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14874

Primary Registration District No. 4322

Registrar's No. 118

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

1. PLACE OF DEATH:

(a) County Mercer 65

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

(c) Name of hospital or institution: 0 — 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community All his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 65

(c) City or town Princeton, Mo. 0
(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 0

3. (a) PRINT FULL NAME Joseph H. Duncan

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced — 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased June (Month) (Day) 1876 (Year)

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation railroader

11. Industry or business

FATHER
12. Name J. L. Duncan
13. Birthplace (City, town, or county) Sowal (State or foreign country)

MOTHER
14. Maiden name A. A. Sexton
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs Glenn Shipley
(b) Address Princeton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Princeton

18. (a) Signature of funeral director Noel Moss
(b) Address Princeton Mo.

19. (a) 4-12-43 (Date received local registrar) (b) Jessie Alley (Registrar's signature)

11 N

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. 5 day 1943
year hour minute M.

21. I hereby certify that I attended the deceased from At time of death. 19 , to 19 ;
that I last saw him alive on Apr. 5 1943 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion (Sudden death while raking yard)

Tabes Dorsalis contributory

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature A S Bristow (M. D. or other)
Address Princeton Mo M.D Date signed Apr. 10/43

(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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Hal Moss

Licensed Embalmer No. 2634

P. O. Address Princeton 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.

No. 2B
--8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14874

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 118

1. PLACE OF DEATH:
(a) County: Mercer
(b) City or town: Princeton
(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 years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Mercer
(c) City or town: Princeton
(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: Joseph H. Duncan
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: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 27 (Day) 18 (Year)

8. AGE: Years	Months	Days	If less than one day: hr. min.
67	9		

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 4-12-43 (Date received local registrar) (b) Jessie Alley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-14874