. S. No. 2
M—9-4-41
5-17-39
I X29484

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. 17275

FILED JUN 7 1943

Registration District No. 0

Primary Registration District No. 3002

Registrar's No. 72

4
1
2

1. PLACE OF DEATH:
(a) County Andrain County
(b) City or town Mecca Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Andrain County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 minutes (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrain
(c) City or town Farber Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Baby John Willis Duff

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 2 (Day) 43 (Year)

8. AGE: Years | Months 1 | Days 6 | If less than one day hr. min.

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

10. Usual occupation Baby

11. Industry or business

FATHER
12. Name James C. Duff
13. Birthplace Fanerton Mo (City, town, or county) America (State or foreign country)

MOTHER
14. Maiden name Clara Wilt
15. Birthplace Pleasant Hill Ill. America (City, town, or county) (State or foreign country)

16. (a) Informant James C Duff
(b) Address Farber Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/43 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill - Ill

18. (a) Signature of funeral director NONE
(b) Address

19. (a) 5-8-43 (Date received local registrar) (b) Margaret K Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1943 hour 1 PM minute M.

21. I hereby certify that I attended the deceased from May 8, 1943, to May 8, 1943; that I last saw him alive on May 8, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1) Prematurity (Born at Birth)	
2) Bronchitis	2 days
Due to 3) Acute Cardiac failure	4 hrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy —

159

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) No
(b) Date of occurrence —
(c) Where did injury occur? None (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 Harry F. O'Brien D. (M. D. or other)
Address Mecca Mo. Date signed 5-8-43

1074 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-43-957
Date Filed JUN 5 1943

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.....

P. O. Address.....

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.