

FILED JUN 7 1943
Registration District No. 194

Primary Registration District No. 30.35

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

54
3
2

1. PLACE OF DEATH:

(a) County Lopurgett

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

(c) Name of hospital or institution:
1 S. 9th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 76 yrs (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Lopurgett

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

(d) Street No. S. 9th St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANCES CATHERINE DUKING

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1943 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 18
1943, to May 19, 1943;
that I last saw her alive on May 19, 1943
and that death occurred on the date and hour stated above.

4. Sex Fe 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 9 1856
(Month) (Day) (Year)

Immediate cause of death Probable Concussion
Osseous - hepato- flexure

Due to _____

Due to 462

Other conditions Arterio sclerosis
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

86 11 00 _____ hr. _____ min.

9. Birthplace Charleston W. Va
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Albert Duking

13. Birthplace va 1
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Wilson

15. Birthplace Va 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. W. Marshall

(b) Address Luxington mo

17. (a) Burial (b) Date thereof May 21-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luxington mo

18. (a) Signature of funeral director W. S. ...

(b) Address Luxington mo

19. (a) June 2-43 (b) Mrs. H. Schwab
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy Not held

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 [Signature] (M. D. or other) _____
Address Luxington mo Date signed 6/27/43

England

VED

Health Officer No. 8,

District File Number _____

Date Filed 6-5-43

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 *[Signature]*

Licensed Embalmer No. 2983

P. O. Address *[Signature]*

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.