. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20338

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2940

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-28-7-1-43 (Specify whether In this community 5 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8 (If outside city or town limits, write "RURAL")

(d) Street No. 325 So Kensington (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Jimmie Dean Duncan

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 28 (Day) 1934 (Year)

8. AGE: Years 8 Months 9 Days 3 If less than one day hr. min.

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

10. Usual occupation School boy

11. Industry or business

FATHER
12. Name Addward Duncan
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

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

16. (a) Informant Addward Duncan

(b) Address 325 So Kensington

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July (Month) - 3 (Day) - 43 (Year)

(c) Place: burial or cremation Windsor Mo

18. (a) Signature of funeral director Mrs C L Foster

(b) Address 914 Brooklyn

19. (a) 7-2-43 (Date received local registrar) (b) R. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1943 hour 12:50 a minute M.

21. I hereby certify that I attended the deceased from ~~5/5/43~~ 5/5 1943 to 7-1 1943 that I last saw him alive on June 30 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Aleukemic Lymphatic Leukemia	3-4 mos ??
Due to	
740	
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 George V Herrman (M. D. ~~or other~~)

Address 1107 Bryant Bldg Date signed 7/2/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Geo V. Herman Bryant Bld.
Vic 3020
Vic 0848
1-4

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.