

FILED DEC 3 1943  
199

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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:  
Wheatley Provident Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether in this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Hartsville "Rural" 5  
(If outside city or town limits, write "RURAL")

(d) Street No. R. 2, Box 95  
(If rural, give location)

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

3. (a) PRINT FULL NAME Jackson Duncan

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Della Duncan

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

7. Birth date of deceased March 22 1884  
(Month) (Day) (Year)

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

59	7	20	
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hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Duncan

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

14. Maiden name Rhoda Hooker

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

16. (a) Informant Loretta Mc Donald

(b) Address 2321 Prospect, Kansas City

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof 11-13-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Hartville, Mo.

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1217 W. 12th St. N.C. Mo.

19. (a) 11-13-43 (Date received local registrar)

(b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 1943, hour 9 minute 1, AM.

21. I hereby certify that I attended the deceased from Nov, 9 - 1943 to Nov, 12 1943; that I last saw him alive on 11-12-43 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to \_\_\_\_\_

Due to 108

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L. W. Bookman (M. D. or other)

Address 2028 Union St. Date signed 11/12/43

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

**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..... *E. Sterling Bella* .....  
Licensed Embalmer No. *3178* .....  
P. O. Address..... *1212 W. Virginia K.C. 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.**