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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

[39700]

State File No.

FILED DEC 7 1943
Registration District No. 367

Primary Registration District No. 4538

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Wayne

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

(c) Name of hospital or institution: 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 _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wayne 111

(c) City or town Piedmont
(If outside city or town limits, write "RURAL") 0

(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 John B. Duncan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19th
year 1943 hour 9:00 minute 20 A.M.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Neal B. Brown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 1 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 13 1943 to Oct 19 1943
that I last saw him alive on Oct 19 1943
and that death occurred on the date and hour stated above.

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

71 10 18 _____ hr. _____ min.

Immediate cause of death Gastric Ulcers -

Due to _____

Due to _____

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

Other conditions Cirrhosis of liver
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business ~~Andrew A. Duncan~~

12. Name Andrew A. Duncan

13. Birthplace Don't know ?
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ann Mann

15. Birthplace Wayne Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nash Brown

(b) Address Piedmont, Mo.

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

(c) Place: burial or cremation Duncan Cem. Wayne Co

18. (a) Signature of funeral director William Godt

(b) Address Piedmont, Mo.

19. (a) Nov. 8, 1943 (b) Mrs. Lottie Mann
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: 12461

Of operations _____

Of autopsy _____

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 C. S. Jones (M. D. or other) _____

Address Piedmont, Mo. Date signed 11-8-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 1243-2973
Date Filed 12-6-43

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.....

Coker Funeral Home, Registered Apprentice No.....
working under my personal supervision.

Signed William Coker

Licensed Embalmer No. 3723

P. O. Address Piedmont 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.