

Registration District No. 276

Primary Registration District No. 5947

Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town St James Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

8. (a) PRINT FULL NAME Margaret L Duckworth

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No 489-20-023

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Div

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

7. Birth date of deceased 7-16-1923  
(Month) (Day) (Year)

8. AGE: Years 20 Months 4 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Raymond S. D.  
(City, town, or county) (State or foreign country)

10. Usual occupation Label in shoe factory

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

12. Name H. F. Duckworth

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

14. Maiden name Magel Bonebrake

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

16. (a) Informant H. F. Duckworth  
(b) Address St James Mo

17. (a) Burial (b) Date thereof 12-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director H. F. Duckworth  
(b) Address St James Mo

19. (a) 12-27-43 (b) Chas. A. Dickson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps  
(c) City or town St James  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15<sup>th</sup>  
year 1943 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw her alive on Dec 15<sup>th</sup>, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypostatic Pneumonia  
Pulmonary Congestion  
Due to Circulatory collapse  
Cardiac Failure  
Due to Tuberculosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Alfred C. Jarnum (M. D. or other) I.O.  
Address St. James, Mo Date signed 12-16-43

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

MOTHER FATHER

1091

MAR 24 1942

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**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 W E Lickel  
Licensed Embalmer No. 1970  
P. O. Address St James 420

**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, above space should be left blank.**