No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

Registration District No. 15

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 11224

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper 2

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

(d) Street No. 707 Central Avenue
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Jimmie Duncan

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased September 16, 1933
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
10	5	21	hr. min.

9. Birthplace Ft. Scott (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation school boy

11. Industry or business

FATHER
12. Name Oscar Duncan
13. Birthplace Hooper (City, town, or county) Oklahoma 1 (State or foreign country)

MOTHER
14. Maiden name Hattie Fannan
15. Birthplace Springfield (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Hattie Duncan

(b) Address 707 Central, Joplin, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/8/44 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 3-6-44 (Date received local registrar) (b) Gertrude Sieckhoeller (Registrar's signature)

1204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 5
year 1944 hour 10 30 minute 8 M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw him alive on Did not see him alive , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Burns received when home burned

Due to Where he was sleeping

Due to

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.

18 1-1
15

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Mch 5 44 . 122

(c) Where did injury occur? Joplin (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work Sleeping (e) Means of injury Fire

23. Signature A. V. Webster Coroner (M. D. or other)

Address Carthage, Mo 3 Date signed Mch 6 44

(Licensed Embalmer's Statement on Reverse Side)

44-8-239

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.