

FILED APR 25 1944

State File No.

Registration District No.

Primary Registration District No. 3016

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town Jefferson City
 (c) Name of hospital or institution: St. Mary's Hospital
 (d) Length of stay: In hospital or institution 20.0.0.
 In this community.....
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County 999
 (c) City or town South Hampton
 (d) Street No. Great Plains Road
 (e) Citizen of foreign country? No
 If yes, name country ---

3. (a) PRINT FULL NAME Wm. Duncan Jr.

3. (b) If veteran, name war is now member armed service

3. (c) Social Security

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if

7. Birth date of deceased November 6 1903
 (Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 8 If less than one day

9. Birthplace Ft. Washington N. Y. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation Soldier U.S. Army 32425438

11. Industry or business Cpl. Hq. Btry, 662nd FA Bn.

12. Name Unknown

13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

14. Maiden name Bianca Duncan

15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant U. S. Army Records,

(b) Address Ft. Leonard Wood, Missouri

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 4-13-44 (b) Thomas Richter
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
 year 1944 hour 6.20 Pm minute --- M.

21. I hereby certify that I attended the deceased from no attendance 19..... to..... 19.....

that I last saw h..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Fractures of skull

Due to fall from hotel window

Due to Suicide

Other conditions 164a
 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Autopsy performed at Ft. Leonard Wood

Fractures, multiple of skull with lacerations, multiple, of brain with subarachnoidal hemorrhage due to suicide

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

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

(b) Date of occurrence 4-11-44 (6:30) P.M. performed autopsy

(c) Where did injury occur Jefferson City, Mo.
 (City or town) (County) (State)

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

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

23. Signature Edo Masarik (M. D. or other) Coroner 3

Address Jefferson City, Mo. Date signed 4-12-44

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

APR 25 1948

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 92

1. PLACE OF DEATH

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution D.O.A. (Specify whether

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Dr. B. Duncan Jr.

3. (b) If veteran, name was is now member armed service 3. (c) Social Security _____

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased: November 6 1903
(Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 8 If less than one day _____ min.

9. Birthplace: Ft. Washington N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier U.S. Army 32425438

11. Industry or business Cpl - Ho. Bery, 662nd FA Bn

12. Name unknown

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

14. Maiden name Blanca Duncan

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

16. (a) Informant U. S. Army Records,

(b) Address Ft. Leonard Wood, Mo.

17. (a) Removal (b) Date thereof: 4/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New York City, N.Y.

18. (a) Signature of funeral director W.E. Deelman

(b) Address Lebanon, Mo.

19. (a) 4-13-44 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County _____

(c) City or town South Hampton
(If outside city or town limits, write "RURAL")

(d) Street No. Great Plains Road
(If rural, give location)

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

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 11 hour 8:20 minute 9 M.

21. I hereby certify that I attended the deceased from _____

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of skull

Due to fall from Hotel window

Due to Suicide

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

* Of autopsy Fractures, multiple of skull with lacerations, multiple, of brain with subarachnoidal hemorrhage due to suicide.

22. If death was due to external causes, in _____

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

(b) Date of occurrence: 4-11-44 4:30 PM per auto

(c) Where did injury occur? Jefferson City, Mo. psy
(City or town) (County) (State)

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

(Specify type of place) While at work? _____ (e) Means of injury Carner

23. Signature Edw. Mansue (M. D. or other)
Address Jefferson City, Mo. Date signed 4-12-44

Incl #1.

14474

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. Helman

Licensed Embalmer No.....

4107

P. O. Address.....

Lubaron M

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.