

FILED JUL 8 1944

Registration District No. 1944

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:
2046 Quincy
(If not hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 75 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2046 Quincy
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John Martin Duke

3. (b) If veteran, name war NO

3. (c) Social Security No. 770

4. Sex M

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5. Color or race Wh

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

6. (b) Name of husband or wife Mary Virginia Duke

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased April 26 - 1858
(Month) (Day) (Year)

8. AGE: Years 94 Months 1 Days 26 If less than one day hr. min.

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

10. Usual occupation Contractor & Builder

11. Industry or business

MOTHER FATHER
12. Name Benjamin Franklin Duke
13. Birthplace Ky
14. Maiden name Elizabeth Keyser
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Virginia Duke

(b) Address 2046 Quincy

17. (a) Forest Hill (b) Date thereof 6-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Wm E R Yorler

(b) Address 914 Broadway

19. (a) 6-24-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd
year 1944 hour 7 minute AM

21. I hereby certify that I attended the deceased from June 10 1944 to June 20 1944
that I last saw him alive on June 20 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Artery Duration _____

Due to _____

Due to _____

Other conditions severely
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 83 a

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) no

(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 J. Terry George (M. D. or other) _____

Address 208 Lombard Date signed 6-24-44

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

2618 Cleveland

Jan 6001

1-4 Pm

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 H Nail*

Licensed Embalmer No. *2570*

P. O. Address..... *R E Nail*

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.