V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26802

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2870

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

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: General Hospital #1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 7 Yrs. 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. 3216 Cleveland (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marguerite DuVall
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 17, (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
70	11	24	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name George Walker
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Marguerite Capp
15. Birthplace (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Henry DuVall
(b) Address 3216 Cleveland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 13, (Day) 1944 (Year)
(c) Place: burial or cremation Madison, Mo.
18. (a) Signature of funeral director Thompsen Funeral Home
(b) Address Madison, Mo.
19. (a) July 11, 1944 (Date received local registrar) (b) Thelma E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1944 hour minute M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Embolism
Due to Fracture Right Femur
Fall in home
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.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence June 30, 1944
(c) Where did injury occur? K. C. (City or town) Jackson (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home (Specify type of place)
While at work? No (e) Means of injury Trauma
23. Signature A. E. Upsher (M. D. or other) MD
Address 23 McCoy Date signed 7/11/44

(Licensed Embalmer's Statement on Reverse Side)

SEP 6 1944

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 with the above constitutes grounds for revocation of license.)

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