

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34386 ✓

State File No. _____
Registrar's No. 130

FILED OCT 20 1944

Registration District No. 130 Primary Registration District No. 4239

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Leis Summit
(c) Name of hospital or institution:
307 Miller Street
(d) Length of stay: In hospital or institution 1
In this community 60 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Leis Summit
(d) Street No. 507 Miller Street
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRIME FULL NAME Julia F Duncan
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 2nd
year 1944 hour 11 minute 55 A.M.
21. I hereby certify that I attended the deceased from
9:29 1944 to 10-2 1944
that I last saw her alive on 10-2
and that death occurred on the date and hour stated above.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Willis Duncan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April - 29 - 1855
(Month) (Day) (Year)

Immediate cause of death
Pneumonia (Bilateral)
Duration 4 da
Due to _____
Due to _____
Other conditions _____
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years 89 Months 5 Days 3
If less than one day hr. min.

9. Birthplace Millford Ky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Home

MOTHER FATHER
11. Industry or business
12. Name James Snore
13. Birthplace _____ Ky 1
14. Maiden name. unknown
15. Birthplace _____ Ky 1
(City, town, or county) (State or foreign country)

16. (a) Informant E. W. Cooper
(b) Address Leis Summit Mo

17. (a) Burial (b) Date thereof 10-4-44
(c) Place: burial or cremation Leis Summit Mo

18. (a) Signature of funeral director n. b. Langford
(b) Address Leis Summit Mo

19. (a) Oct 3, 1944 (b) F. M. Schick, Reg. E. M. J.
(Date received local registrar) (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury.
23. Signature M. Knight (M. D. or other) Reg.
Address Leis Summit Mo Date signed 10-3-44

1162

(Licensed Embalmer's Statement on Reverse Side)

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.....

N. B. Langford
3833

Licensed Embalmer No.....

P. O. Address.....
Lees Summit

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.