

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. **253**

**FILED FEB 6 1945**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number or location)

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

In this community 32 yrs. 0

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Jackson

(c) City or town H.E.  
(If outside city or town limits, write "RURAL")

(d) Street No. 2740 Express  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Thomas Cleveland Duffield

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

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 \_\_\_\_\_ years

7. Birth date of deceased July 26, 1884  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month \_\_\_\_\_ day 16  
 year 1945 hour 12:00 minute 00 AM

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 that I last saw him \_\_\_\_\_ live or \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>60</u>	<u>5</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death: Coronary occlusion

Due to arterio-sclerosis

Due to glauc

Other conditions: \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

Major findings: History & symptoms

Of autopsy no

9. Birthplace Jackson County Mo.  
(City, town, county) (State or foreign country)

10. Usual occupation Electrician

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name Thomas Duffield

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

14. Maiden name Annella Patton

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

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? \_\_\_\_\_  
(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 h

16. (a) Informant John T. Duffield

(b) Address 1003 E. 31st

17. (a) Burial (b) Date thereof 1-18-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem

23. Signature J. E. Brown (M. D. or other) Carver  
 Address 1924 Jefferson Blvd Date signed 1-16-45

18. (a) Signature of funeral director J. E. Brown

(b) Address H.E. Mo

19. (a) 1-17-45 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

---

---

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 J. S. Walton

Licensed Embalmer No. 2744

P. O. Address. K. C. 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.**