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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12127

FILED MAY 3 1945

Registration District No. 1779 Primary Registration District No. 1002. Registrar's No. 1883

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~~: VINEYARD PARK HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 11 DAYS (Specify whether
In this community 22 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town RURAL 48
(If outside city or town limits, write "RURAL")

R.R. #3 (d) Street No. 60TH & BLUE RIDGE CUTOFF
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MRS. GERTRUDE SELENA DUNCAN

3. (b) If veteran, name war NO

3. (c) Social Security No. 492-14-6276

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband ~~or wife~~ MR. ALPHA V. DUNCAN

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased MAY (Month) 20 (Day) 1896 (Year)

8. AGE: Years 48 Months 11 Days 6 If less than one day ..... hr. ..... min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business ------

FATHER
12. Name ABAHAM MERRITT
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name EFFIE ANDES
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant Alice Mary Owens

(b) Address 3623 E 55 st

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 30 1945 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ GREEN LAWN CEMETERY

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 4-28-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 26TH year 1945 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from Apr 16, 1945, to Apr 26, 1945; that I last saw her alive on Apr 26, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Embolic Pulmonary Infarction	1 hr.
Due to Lapsotomy for uterine fibroma (non-malignant)	7 days
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 56 b
Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. G. Sheldon (M. D. ~~or other~~)

Address 522 [illegible] Date signed 4-27-45

(Licensed Embalmer's Statement on Reverse Side)

[illegible]

Vineyard Park Hospital

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. Oscar Hookey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.