

FILED JUL 16 1945 STANDARD CERTIFICATE OF DEATH

Registration District No. 241

Primary Registration District No. 4360

Registrar's No. 39

1. PLACE OF DEATH:
 (a) County New Madrid
 (b) City or town Portageville, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County New Madrid
 (c) City or town Portageville, Mo 6
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME William Henry Duty
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. 998-18-4906

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 6 year 1945 hour 7 minute 209 M.
 21. I hereby certify that I attended the deceased from August 18 to July 6 1945
 that I last saw him alive on July 5 1945
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ira Belle Duty
 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased July 24 1900
 (Month) (Day) (Year)

Immediate cause of death Uremia Duration 2da
 Due to Atrophic Pt. Kidney 3
Chr. Nephrosia 7 yrs
 Due to Essential Hypertension 4 yrs
Cardiomegaly 1 yr.
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years Months Days If less than one day
44 11 13 hr. min.
 9. Birthplace Marion Ill 1
 (City, town, or county) (State or foreign country)
 10. Usual occupation Tractor Driver

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
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MOTHER FATHER
 11. Industry or business _____
 12. Name Houston Duty
 13. Birthplace Williamson Ill 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Turner
 15. Birthplace Crescent Ill 1
 (City, town, or county) (State or foreign country)
 16. (a) Informant Ira Belle Duty
 (b) Address Portageville, Mo
 17. (a) Burial (b) Date thereof 7-8-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mounts Cemetery
 18. (a) Signature of funeral director DeLoe Funeral Parlor
 (b) Address Portageville, Mo
 19. (a) 7-9-45 (b) Ellen DeLoe
 (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? _____ (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 John Killian (M. D. or other) _____
 Address Portageville, Mo Date signed 7-9-45

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

RECEIVED

District Health Office No. 2

District File Number 745-95

Date Filed 7-13-45

DEC 27 1945

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 *Leonard J. Vargo*

Licensed Embalmer No. 4336

P. O. Address *Fortageville, 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.