M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27272

FILED AUG 24 1945

Registration District No. 106

Primary Registration District No. 4178

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Holcomb Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cochran Hospital D
(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 ..... (b) County .....

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

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

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Leon Loyd Duba

3. (b) If veteran, name war .....

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

4. Sex Boy D

5. Color or race White

6. (a) Single, widowed, married, divorced D

6. (b) Name of husband or wife .....

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

7. Birth date of deceased 3 (Month) — 8 (Day) — 45 (Year)

8. AGE: Years | Months | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Holcomb (City, town, or county) Mo (State or foreign country) D

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Billy Junior Duba
13. Birthplace Malden, Mo (City, town, or county) (State or foreign country) D

MOTHER
14. Maiden name Emma Jean Woodham Duba
15. Birthplace Conway Ark. (City, town, or county) (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar (Month) 10 (Day) 45 (Year)
(c) Place: burial or cremation Standfield

18. (a) Signature of funeral director Friends
(b) Address Gideon, Mo

19. (a) 7/25/45 (Date received local registrar) (b) Mrs. Ernest Vaval, Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 10 year 1945 hour ~~45~~ 6 am minute ..... M.

21. I hereby certify that I attended the deceased from 3/8/45 3/10, 1945, to ....., 19..... that I last saw h..... alive on 3/9/45, 19..... and that death occurred on the ~~date and hour stated~~ above.

Immediate cause of death ~~Stillbo~~ Premature 5 Months

Due to 5 Months

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations 15-9

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) .....

(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 .....

23. Signature John Cochran (M. D. or other)

Address Holcomb Mo Date signed .....

1395 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 846-10
Date Filed 8-17-45

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.

Not embalmed

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.