S. No. 2
M—5-43
v. 5-17-39
I X36671

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. 31183

FILED SEP 20 1945

Registration District No. [illegible]

Primary Registration District No. 4409

Registrar's No. 38

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Newburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 Mo (b) County Phelps 81
(c) City or town Newburg 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Lucy Routt Duncan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 30 (Day) 1844 (Year)

8. AGE: Years 101 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Relfe (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Isaac N. Bradford
13. Birthplace (City, town, or county) Ky (State or foreign country) 1

MOTHER
14. Maiden name Frances Vance
15. Birthplace (City, town, or county) Ky (State or foreign country) 1

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Relfe

18. (a) Signature of funeral director Lee Johnson
(b) Address Newburg Mo

19. (a) 9/17/45 (Date received local registrar) (b) Dep. A B Cottle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7th
year 1946 hour 2:15 minute 0 M.

21. I hereby certify that I attended the deceased from past 20 yr 19 , to Sept 7 1945
that I last saw her alive on Sept 7 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to No data

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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 R E Riner (M. D. or other)
Address Newburg Mo Date signed 9/8/45

1403

(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.....Lee Johnson.....

Licensed Embalmer No.....3392.....

P. O. Address.....Newbury Md.....

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.