S. No. 2
M—8-45
v. 5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37131

Registration District No. 117 Primary Registration District No. 5435 Registrar's No. 5

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

1. **PLACE OF DEATH:**
(a) County Gasconade
(b) City or town Rural Boeff Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 2 years.
years, months or days)

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Mo. (b) County Gasconade
(c) City or town Drake, Mo. Rural.
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Mi. West of Drake, Mo. Boeff Twp.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) **PRINT FULL NAME** John Louis Duncan
3. (b) If veteran, name war No
3. (c) Social Security No. 499-05-0557

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ollie Pointer Duncan
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. (Month) 5 (Day) 1875 (Year)

8. **AGE:** Years 70 | Months 1 | Days 3 | If less than one day hr. min.

9. Birthplace Bland, (City, town, or county) Mo. U (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Shoe Factory & Farm

FATHER
12. Name Thos. Duncan
13. Birthplace Hope (City, town, or county) Mo U (State or foreign country)

MOTHER
14. Maiden name Unknown Coffelt
15. Birthplace Mint Hill (City, town, or county) Mo. U (State or foreign country)

16. (a) Informant Mrs Eda Phillips
(b) Address Bland, Bland. Mo. Mo

17. (a) Bland Union Cem. (Burial, cremation, or removal) (b) Date thereof Nov. 10. 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Bland, Mo.

18. (a) Signature of funeral director Sassmann Funeral Service
(b) Address Bland, Mo.

19. (a) 11/10/45 (Date received local registrar) (b) Mrs Ray Schneperkotter (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 8th
year 1945 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from ✓, 19..., to ✓, 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Natural Causes, Symtoms indicate apoplexy.	
Due to (Died in field, near home)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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?
While at work? (Specify type of place) (e) Means of injury?

23. Signature Hugo H. Bleimer (M. D. or other) Coroner
Address Hermann Mo. Date signed 11/8/45

15-76

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9.
District File Number.....
Date Filed 12-6-45

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Robert M. Murray.

Licensed Embalmer No. 3749

P. O. Address Owensville, 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.