

No. 2
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FILED JAN 28 1945 STANDARD CERTIFICATE OF DEATH

State File No. 3674

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution:
500 North Carolina St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 90
(Specify whether years, months or days)

In this community 45 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 83

(c) City or town Louisiana 2
(If outside city or town limits, write "RURAL")

(d) Street No. 500 North Carolina 1
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Sallie Duncan

(b) If veteran, name war No

(c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23
year 1945 hour 12:00 minute 00 M.

21. I hereby certify that I attended the deceased from 21
Dec, 1945, to Dec 22, 1945
that I last saw her alive on Dec 22, 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife A. S. Duncan 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased July 4, 1862
(Month) (Day) (Year)

Immediate cause of death Paralysis

Duration

8. AGE: Years Months Days If less than one day

83 5 19 hr. min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Pike County Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business at home

MOTHER FATHER

12. Name Jessie Tucker

13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown - 9
(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy 832

Underline the cause to which death should be charged statistically.

16. (a) Informant A. S. Duncan 1

(b) Address Louisiana, Mo.

17. (a) Burial (b) Date thereof Dec. 26, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Near Eolia, Mo.

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?

18. (a) Signature of funeral director Larner Turner

(b) Address Louisiana, Missouri

19. (a) 12/26/45 (b) Margaret B. Stephens
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (Specify means of injury)

23. Signature J. M. Pearson (M. D. or other)

Address Louisiana, Mo. Date signed 12/26/45

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

100713

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RECEIVED

District Health Officer No. 10

District File Number 1-46-167

Date Filed JAN 24 1946

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 J. B. Stone

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.