

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4471

State File No. _____

Registrar's No. 39

FILED MAR 8 1946
Registration District No. 2

Primary Registration District No. 5013

1. PLACE OF DEATH:
 (a) County Andrew
 (b) City or town Rural Monroe *Monroe, Andrew Co.*
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3 miles South east Helena, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Andrew
 (c) City or town Rural Monroe
(If outside city or town limits, write "RURAL")
 (d) Street No. 3 miles South east Helena, Mo.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ora Duncan
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 11
 year 1946 hour 3 minute 45 P. M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife George W. Duncan
 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased: September 15 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 1 1946 to Feb. 11 1946
 that I last saw h. or alive on Feb. 10 1946
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>4</u>	<u>26</u>	hr. _____ min.

Immediate cause of death coronary occlusion
 Due to Hypertension
 Duration 1 hour

9. Birthplace DeKalb County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation at home

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER

11. Industry or business _____
 12. Name: Richard Edmonson
 13. Birthplace Andrew Co. Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Bowen
 15. Birthplace DeKalb Co. Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations gfw
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant George W. Duncan
 (b) Address RR #1 Helena, Mo.
 17. (a) burial (b) Date thereof 2/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park
 18. (a) Signature of funeral director John Petros & Bowman
 (b) Address St. Joseph, Mo.
 19. (a) 2-14-46 (b) Lillian Sparks
(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 E. M. Reynolds (M. D. or other) MD
 Address Union Star, Mo. Date signed 2/12/46

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

3500

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, on 11 Feb 46
....., Registered Apprentice No.
working under my personal supervision.

Signed

Harold Bowman

Licensed Embalmer No.

3619

P. O. Address

St Joseph, 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.