Dr. Campion

. No. 2
—5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 11 1946

State File No. 5230

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 121

39
2
6

4227

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 849 S. Robberson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 33 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 849 S. Robberson
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Duckworth

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife James Duckworth
6. (c) Age of husband or wife if alive UNK. years
7. Birth date of deceased July (Month) 30 (Day) 1870 (Year)

8. AGE: Years 75 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Highlandville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Home
11. Industry or business

FATHER
12. Name Woodford Davis
13. Birthplace Taney County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mahala Cook
15. Birthplace Greene County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant J.E. Henry
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/45 (Month) (Day) (Year)
(c) Place: burial or cremation Highlandville, Mo.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 2-5-46 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1946 hour 3:00 minute p. M.
21. I hereby certify that I attended the deceased from Jan 30, 1946, to Feb 3, 1946
that I last saw h. FR alive on Feb 3, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	1 WK
Due to: Hypertensive heart disease	5 YRS
Due to: Arterial Hypertension	10-15 yrs
Other conditions (Include pregnancy within 3 months of death): Infirmities of aged	

Major findings:
Of operations
Of autopsy 93%

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 2
23. Signature William Campion (M. D. or other) D.V.
Address Springfield - Mo. Date signed 1-5-46

(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 L. Dashin Forman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.