

No. 2
5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13109**
1737
Registrar's No. _____

FILED APR 22 1946
Registration District No. **199**

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution:
1220 West 62nd Street, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.**
(Specify whether since he was 14 years of age)

In this community **since he was 14 years of age**
years, months or days

3. (a) PRINT FULL NAME **Dr. William Waddell Duke**

3. (b) If veteran, name war **World War #1**

3. (c) Social Security No. **no.**

4. Sex **male** 0

5. Color or race **white**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Frances T. Duke**

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

7. Birth date of deceased **October 18 1882**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	5	22	hr. _____ min. _____

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Physician**

11. Industry or business **X**

12. Name **Henry Duke**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Susan Waddell**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Frances T. Duke,**

(b) Address **1220 W. 62nd St., Kansas City, Mo.**

17. (a) **burial** (Burial, cremation, or removal)

(b) Date thereof **4-13-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Pantheon**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **4-13-46** (Data received local registrar)

(b) **Geraldine Holman** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson,** 48

(c) City or town **Kansas City** 3
(If outside city or town limits, write "RURAL")

(d) Street No. **1220 West 62nd Street,** 8
(If rural, give location)

(e) Citizen of foreign country? **no.** 0
(Yes or No)

If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **10**
year **1946** hour **8:10** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 24** 1932 to **April 10** 1946
that I last saw him alive on **April 9** 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive Heart Failure**

Due to **Cor pulmonale** 3 mos.

Due to **Chronic Bronchitis** 1 year

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **106/5**

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 **F.I.**

23. Signature **Graham Asha** (M. D. or other) **md**

Address **1220 West 62nd St.** Date signed **4-12-46**

Dr. Goodson in Dr. Asher's office

Friday
Prof. Asher

122.0

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..... *Robert H Reed*

Licensed Embalmer No. *3745*

P. O. Address *NC 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.