

FILED MAY 14 1946

Registration District No. _____

Primary Registration District No. **5723**

Registrar's No. **30**

1. PLACE OF DEATH:

(a) County **Mercer**
 (b) City or town **Rural - Morgan**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community **All his Life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Mercer** **65**
 (c) City or town **Rural**
(If outside city or town limits, write "RURAL")
 (d) Street No. **East of Princeton, Mo.**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Lester D. Duble**

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

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Flora Duble** 6. (c) Age of husband or wife if alive **76** years
 7. Birth date of deceased **April 23 1862**
(Month) (Day) (Year)

8. AGE: Years **84** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Mercer Co., Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Christian Duble**
 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Margaret King**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Flora Duble**

(b) Address **Princeton, Mo.**

17. (a) **Burial** (b) Date thereof **4-25-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Princeton**

18. (a) Signature of funeral director **Martin Funeral Home**

(b) Address **Princeton, Mo.**

19. (a) **4-25-46** (b) **Evan Martin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **23**
 year **1946** hour **12** minute **32** P. M.

21. I hereby certify that I attended the deceased from **4-12-46**
 19____ to **4-23-46** 19____
 that I last saw him alive on **4-23-46** 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
hypostatic pneumonia	2 da.
Due to cerebral hemorrhage	4 da.
Due to hypertension	2yr.

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 **D. E. Snyder** (M. D. or other) **D.O.**
 Address **Princeton, Missouri** Date signed **4/24**

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 D. Evan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton 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.