S. No. 2
M—2-43
. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19786

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 84

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

18661

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 mos., 23 days (Specify whether years, months or days)

In this community 8 mos., 23 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3845 Kennerly Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Glynn A. Duncan

3. (b) If veteran, name war World War II

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased July (Month) 14 (Day) 1921 (Year)

8. AGE: Years 24 Months 11 Days 11 If less than one day hr. min.

9. Birthplace Chicago, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business Printing Company

FATHER
12. Name Isaac Duncan
13. Birthplace — (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Olive Hillard
15. Birthplace — (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-25-46 (Month) (Day) (Year)

(c) Place: burial or cremation Halls, Tennessee

18. (a) Signature of funeral director Virgil Hope

(b) Address Virgil Hope, Undertaker Excelsior Springs, Mo.

19. (a) 6/28/46 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1946 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from October 2, 1945 to June 25, 1946; that I last saw him alive on June 25, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis, pulmonary, chronic, far advanced, active	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Hemoptysis, severe Tuberculous Laryngitis	unknown

Major findings:
Of operations
Of autopsy No autopsy performed

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 —

23. Signature [signature] (M. D. or other) M.D.

Address ERNEST M. TAPP, Veterans Administration Hospital Excelsior Springs, Mo. Date signed 6-26-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number
Filed 7-8-46

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, M

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.