

FILED JUN 26 1946

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 33

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town GRANDVIEW
(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)
In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON
(c) City or town GRANDVIEW
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM MORRISON DUCK

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife OCTAVIA ANN DUCK 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEB 13 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace KANSAS CITY MO
(City, town, or county) (State or foreign country)

10. Usual occupation RET. FARMER

11. Industry or business _____

12. Name BENJ. F. DUCK

13. Birthplace NORRISTOWN PA
(City, town, or county) (State or foreign country)

14. Maiden name CATHERINE BRADLEY

15. Birthplace K.C. MO
(City, town, or county) (State or foreign country)

16. (a) Informant FRANK DUCK
(b) Address CAMERON, MO.

17. (a) REMOVAL (b) Date thereof JUNE 2, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CORINTH CEM., OVERLAND PARK, MO.

18. (a) Signature of funeral director B. K. Geomet
(b) Address Brentwood, Mo.

19. (a) 6/4/46 (b) Dr. Annie B. Nodges
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 1st
year 1946 hour 3 minute 0 P.M.

21. I hereby certify that I attended the deceased from January 30, 1946 to July 1, 1946
that I last saw him alive on May 31, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis year _____

Due to Arterio-sclerosis year _____
Hypertension

Due to Chronic myocarditis

Other conditions Asthma 30 yrs

Terminal hypostatic Pneumonia PHYSICIAN

Major findings: Of operations _____
Of autopsy 131K

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 _____

Signature Ada B. Rader (M. D. or other) MD

Address Martin City, Mo Date signed 6-1-46

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

MOTHER FATHER

Duration
year
year
30 yrs
Underline the cause to which death should be charged statistically.

JUN 19 1952

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..... *A. J. Boyce*

Licensed Embalmer No. *3645*

P. O. Address *Sumner, 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.