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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED JUL 29 1946

State File No. 23254

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 68

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

**1. PLACE OF DEATH:**

(a) County Gentry

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

(c) Name of hospital or institution: W. 1st St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether In this community 14 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County Gentry

(c) City or town Stanberry (If outside city or town limits, write "RURAL")

(d) Street No. W. 1st St. (If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Mr. W.M. Eugene Duffy

3. (b) If veteran, name war NO

3. (c) Social Security No. 703-01,237

4. Sex Male

5. Color or race W

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

6. (b) Name of ~~husband or~~ wife Mrs Grace Duffy

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Mar 12 1872 (Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Raleigh (City, town, or county) N.C. (State or foreign country)

10. Usual occupation Retired Wab. R.R. Conductor

11. Industry or business Wabash R.R.

FATHER
12. Name James Duffy
13. Birthplace Raleigh (City, town, or county) N.C. (State or foreign country)

MOTHER
14. Maiden name Mary Pope
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Grace Duffy

(b) Address Stanberry MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/46 (Month) (Day) (Year)

(c) Place: burial or cremation Stanberry MO

18. (a) Signature of funeral director Latory Ft. Phillips

(b) Address Stanberry MO

19. (a) July 10-1946 (Date received local registrar) (b) Homer N. Webster (Registrar's signature)

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**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 5 year 1946 hour 1 minute 30 A M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Pectoris Angina

Due to

Due to Found dead in bed.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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 Dorner & Gentry Co.

23. Signature Charles N Williamson (M. D. or other) Do

Address Gentry Mo Date signed 7-5-46

(Licensed Embalmer's Statement on Reverse Side)

MAY 1 9 1948

AUG 26 1946

AUG 26 1946

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 Leroy A. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonberry 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.**