

FILED AUG 5 1946

Registration District No. **222**

Primary Registration District No. **6088**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Saline**

(b) City or town **R.F.D. Miami, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **none**
(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.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Saline** **97**

(c) City or town **R.F. D. Miami, Mo.**
(If outside city or town limits, write "RURAL") **0**

(d) Street No.....
(If rural, give location) **0**

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Hazel Fern Duncan**

3. (b) If veteran, name war **no**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22nd**
year **1946** hour **1** minute **10 a.** M.

4. Sex **female**

5. Color or race **white**

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

6. (b) Name of husband or wife **Burton O. Duncan**

6. (c) Age of husband or wife if alive **41** years

7. Birth date of deceased **Jan. 30 1906**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 28 1946** to **July 20 1946**
that I last saw her alive on **July 20 1946**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
40	5	22 hr. min.

Immediate cause of death **Respiratory Paralysis**

Due to **encephalitis** **7-28-46**
lung fever

9. Birthplace **Belle Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmers wife**

Other conditions **50**
(Include pregnancy within 3 months of death)

Major findings: **Left breast carcinoma**

Of operation **None**

Of autopsy **None**

11. Industry or business

12. Name **David M. Ridenhour**

13. Birthplace **Belle Mo. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Annie Lore**

15. Birthplace **Byron Mo. 0**
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **Burton O. Duncan**

(b) Address **R.F.D. Miami, Mo.**

17. (a) **burial** (b) Date thereof **7-23-'46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Slater, Mo.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**

(b) Date of occurrence **None**

(c) Where did injury occur? **None**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **Hill Brothers, Slater, Mo**

(b) Address **Slater, Mo**

19. (a) **July 31, 1946** (b) **Mrs. Earl C. Metz**
(Date received local registrar) (Registrar's signature)

While at work **None** (Specify place) (e) Means of injury **None**

23. Signature **H. E. Eastwood** (M. D. or other) **7-22-46**

Address **Slater, Mo** Date signed.....

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-3-46

AUG 12 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 Sam M. Hill

Licensed Embalmer No. 1292

P. O. Address Slater 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.