DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32994

Registration District No. 39 Primary Registration District No. 5228 Registrar's No. 156

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Rural Pleasant Hill
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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: Infant of Mr &Mrs Earl Duncan
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: male
5. Color or race: White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Oct. 17 (Month) (Day) 1946 (Year)

8. AGE: Years | Months | Days | If less than one day hr. 10 min.

9. Birthplace: Pleasant Hill, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name: Earl Duncan
13. Birthplace: Neveada Mo. (City, town, or county) (State or foreign country)
14. Maiden name: Unice Inskeep
15. Birthplace: Monago Springs Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Earl Duncan
(b) Address: Pleasant Hill, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill, Mo.
18. (a) Signature of funeral director: Allen Brownfield
(b) Address: Pleasant Hill, mo.
19. (a) 10-29-1946 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 year 1946 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oct 17, 1946 to Oct 17, 1946 that I last saw h. alive on Oct 17, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Lack of development	Duration
Due to: premature birth	
Due to:	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Bernid Zander (M. D. or other) D.O.
Address: Pleasant Hill, Mo Date signed 10/18/46

5/

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK

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 Not Embalmed, Registered Apprentice No. working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill - V

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Non

Registration District No. 59 Primary Registration District No. 5228 Registrar's No. 156

1. PLACE OF DEATH:

(a) County: Cass

(b) City or town: Rural
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Cass

(c) City or town: Rural, Pleasant Hill,
(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: Infant Duncan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Oct 17 1946
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day: hr. 10 min.

9. Birthplace (City, town, or county) (State or foreign country): Mo

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 17 year 1946 hour minute 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 — Duration

Due to

Due to

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Bernard Zander O.D. (M. D. or other)
Address Date signed

SUPPLEMENTARY 17

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT

32994