

STANDARD CERTIFICATE OF DEATH

33262

State File No. _____

Registrar's No. 794

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Bremer
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bunzel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bremer
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 908 N. Fremont
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Baby Girl Duncan

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

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased: Oct (Month) 1 (Day) 46 (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation infant

11. Industry or business _____

12. Name Eugene Duncan

13. Birthplace Van Buren (City, town, or county) Mo. (State or foreign country)

14. Maiden name Lelia Roberson

15. Birthplace Scipitan (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Eugene Duncan

(b) Address 908 N. Fremont

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 3 1946 (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Fred E. Higgins

(b) Address Springfield, Mo.

19. (a) 10-3-46 (Date received local registrar) (b) W. H. Dudley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2 year 1946 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1 Oct 1946, to 2 Oct 1946; that I last saw her alive on 2 Oct 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - 28 weeks gestation
Adeloides Lung.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 159

Duration _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Fred White (M. D. or other) MD

Address Woodall Bldg. Springfield Date signed 20 Oct 46

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

9
2
6

52050

MOTHER FATHER

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.....

Was not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed *Ralph H. Thieim*.....

Licensed Embalmer No. *3681*.....

P. O. Address *Springfield, 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.

X