. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1947

Registration District No. 1447

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1064

Registrar's No. 341

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Osteopathic Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution yes 3 days (Specify whether years, months or days)
In this community 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County RAY. 89
(c) City or town RICHMOND. (If outside city or town limits, write "RURAL") 0
(d) Street No. RURAL (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME EDWARD DUNCAN
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ella Duncan
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Feb (Month) 22 (Day) 1878 (Year)

8. AGE: Years 68 Months 10 Days 26 If less than one day hr. min.
9. Birthplace JACKSON CO. (City, town, or county) MO. U (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
MOTHER FATHER
12. Name THOMAS DUNCAN
13. Birthplace JACKSON CO (City, town, or county) MO (State or foreign country)
14. Maiden name JANE O'DELL
15. Birthplace JACKSON CO (City, town, or county) MO. U (State or foreign country)
16. (a) Informant MRS MARIE B. CROWLEY
(b) Address EXCELSIOR SPRINGS MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation SEIGLES
18. (a) Signature of funeral director Virgil Hope
(b) Address Excelsior Springs Mo.
19. (a) 1-18-47 (Date received local registrar) (b) Herbelife Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1947 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from Jan 15, 1947, to Jan 18, 1947 that I last saw him alive on Jan 18, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Left lobar pneumonia	
Due to: Uremia (terminal)	
Due to: Nephrosclerosis with Bright's disease of both kidneys	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 108	
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:
(c) 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) 0
While at work? (e) Means of injury
23. Signature J. G. Heneay (Medical officer) MD
Address Bryant Bldg. Date signed 1/18/47

(Licensed Embalmer's Statement on Reverse Side)

RRH

FEB 20 1947

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 Jas A. Moles.

Licensed Embalmer No. 3296

P. O. Address Ely Springs 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.