No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 4808

Registrar's No. 491

**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~~: K.C. GENERAL HOSPITAL No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 3 WEEKS (Specify whether
In this community 40 YEARS years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY 53
(If outside city or town limits, write "RURAL")
(d) Street No. 3240 NORLEDGE AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: - - - - -

3. (a) PRINT FULL NAME: MR. WILLIAM MARSHALL DUNCAN

3. (b) If veteran, name war: No

3. (c) Social Security No. none

4. Sex: MALE

5. Color or race: WHITE

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

6. (b) Name of husband or wife: MRS. ANNA SMART DUNCAN

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

7. Birth date of deceased: MARCH (Month) 8 (Day) 1858 (Year)

8. AGE: Years 88 Months 10 Days 23 If less than one day hr. min.

9. Birthplace: PLATTE COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business: - - - - -

FATHER
12. Name: JOHN R. DUNCAN
13. Birthplace: (City, town, or county) VIRGINIA (State or foreign country)

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

16. (a) Informant: MRS. ALBERT D. JOHNSON
(b) Address: 5730 GARFIELD AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: FEB-3-1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: FOREST HILL CEMETERY

18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD.

19. (a) 2-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JANUARY day 31ST year 1947 hour 10 minute 20 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: Deputy Coroner — Duration
Bronchopneumonia
Due to: Fracture of Hip
Due to: Injury - By - Fall

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

Major findings: Of operations: 186a 18
Of autopsy: History & Inspection

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): Accident 123
(b) Date of occurrence: 1/2/47
(c) Where did injury occur? Kansas City (City or town) MO (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? No (Specify type of place) (e) Means of injury: Trauma

23. Signature: A. E. Usher (M. D. or Coroner) M.D.
Address: 2800 Main Date signed: 2/1/47

(Licensed Embalmer's Statement on Reverse Side)

## 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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, 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.**