U. S. No. 2
100M—5-43
Rev. 5-17-39
Form 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13419

FILED MAY 5 1947

Registration District No. 1949 Primary Registration District No. 1002 Registrar's No. 1854

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)
In this community: 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: Fox Hotel 548½ main 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Kenneth Duncan
3. (b) If veteran, name war: no
3. (c) Social Security No.: unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Mar. (Month) 12 (Day) 1906 (Year)

8. AGE: Years	Months	Days	If less than one day
41	1	8	hr. min.

9. Birthplace: Utah (City, town, or county) (State or foreign country)
10. Usual occupation: Electrician
11. Industry or business:
FATHER 12. Name: Jack Duncan
13. Birthplace: (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name: Grace Childers
15. Birthplace: (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Record Clerk
(b) Address: K. C. Gen Hospt.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: Apr 24 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cem. K.C. Mo.
18. (a) Signature of funeral director: O. Sander Jr
(b) Address: Liberty, Mo.
19. (a) 4-24-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1947 hour 1 minute 10 P. M.
21. I hereby certify that I attended the deceased from April 15, 1947 to April 20, 1947 that I last saw him alive on April 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cirrhosis of liver — Duration
Terminal bronchopneumonia
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 124K
Major findings: Of operations:
Of autopsy: See above

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: Wm W. Hart (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 4-21-47

(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 not embalmed by me, or by Cremation at Elmwood Cem K.C. Mo. Registered Apprentice No. ....., working under my personal supervision.

Signed. O J Carder Jr

Licensed Embalmer No. 3934

P. O. Address Liberty 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.