

FILED JUN 6 1947

State File No.

Registration District No.

Primary Registration District No. 3004

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(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 60 years (Specify whether years, months or days)
In this community 60 years

3. (a) PRINT FULL NAME WEAVER BENJ. DUNCAN

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Ball Duncan 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June 17 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Barton County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School Custodian-Retired

11. Industry or business Lamar High School

MOTHER FATHER { 12. Name Joel C. Duncan
13. Birthplace Franklin County, Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Easter Jones
15. Birthplace Denton County, Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. B. Duncan
(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof June 2 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director Konantz Funeral Home
(b) Address Lamar, Missouri

19. (a) MAY 31 1947 (b) Marie Konantz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1947 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from 1935
~~30 days~~ to May 30 1947
that I last saw him alive on May 28 1947
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Pneumonia, bronchial 36 hrs

Due to multiple sclerosis eyes

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? _____

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

23. Signature James U. Allen (M. D. or other) _____
Address Lamar, Mo Date signed 31 May 47

RECEIVED

District Health Officer, No. 6;

District File Number 647-606

Date Filed JUN 4 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.....

Harvey E. Arnce....., Registered Apprentice No. 412

working under my personal supervision.

Signed Carl Honantz.....

Licensed Embalmer No. 2247

P. O. Address. Lamar, Missouri

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.