S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 9 8 1947

Registration District No. 8

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3017

State File No. 16947

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alex Van Ravensway Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether

In this community 11 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town Tipton 2
(If outside city or town limits, write "RURAL")

(d) Street No. No street numbers 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country Native

3. (a) PRINT FULL NAME William Lewis Duvall

3. (b) If veteran, name war None

3. (c) Social Security No. 702-18-0108

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife --

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

7. Birth date of deceased August (Month), 24th. (Day) 1871 (Year)

8. AGE: Years 75 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Harrisburg (City, town, or county), Penn. (State or foreign country)

10. Usual occupation Pumper M.O.P. Railroad

11. Industry or business Retired

FATHER
12. Name George W. Duvall
13. Birthplace Ellicottcmith (City, town, or county) Md. (State or foreign country)

MOTHER
14. Maiden name Ellen Cole
15. Birthplace Ellicottcmith (City, town, or county) Md. (State or foreign country)

16. (a) Informant William Lewis Duvall
(Information given while living)
(b) Address Tipton, Mo.

17. (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof 5/26/47 (Month) (Day) (Year)
I.O.O.F. Cem. Tipton, Mo.
(c) Place: burial or cremation

18. (a) Signature of funeral director Jewell E. Richards
(b) Address Tipton Mo

19. (a) 5-27-47 (Date received local registrar) (b) [signature] (Registrar's signature) 30

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1947 hour 10 minute 24 P.M.

21. I hereby certify that I attended the deceased from 5-15, 1947, to 5-26, 1947, that I last saw him alive on 5-26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation — Duration a few years

Due to Pernicious anemia

Due to

Other conditions intractable diarrhoea
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None 95C

PHYSICIAN
Underline the cause of 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 [signature] (M.D. or other)

Address Bernville Mo. Date signed 5-27-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-5-47

AUG 19 194

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 Jennie E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton 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.