S. No. 2
M—5-43
v. 5-17-39
p I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1947

Registration District No. 164

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21450

Primary Registration District No. 3032

Registrar's No. 61

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warrensburg Clinic O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route, Kingsville, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country XXXX

3. (a) PRINT FULL NAME VIOLA ANN DUNCAN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Gilbert Lee Duncan

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased August 30, 1863 (Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 15 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation at home

11. Industry or business XXXX

MOTHER FATHER

12. Name William A. Davidson 9

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Noland

15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Gilbert L. Duncan
(b) Address Kingsville, Missouri R.R.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation Duncan Cemetery

18. (a) Signature of funeral director Canaday & Ropp
(b) Address Holden, Missouri

19. (a) June 16-47 (Date received local registrar) (b) Lawrence Cheek (Registrar's signature) 1119

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1947 hour 9/55 minute A. M.

21. I hereby certify that I attended the deceased from June 11, 1947 to June 15, 1947
that I last saw her alive on June 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration 4 days
Due to: Cerebral Hemiplegia — 2
Due to: Hypertension
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature J. R. McMahan M.D. (M. D. or other)
Address Warrensburg Mo. Date signed June 16 1947

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.