

Registration District No. 1002 Primary Registration District No. 1002

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

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:
2417 Cherry
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 23 Years

3. (a) PRINT FULL NAME Charles A. 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 Laura Duncan 6. (c) Age of husband or wife if alive * years

7. Birth date of deceased 9 6 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 28 If less than one day
hr. min.

9. Birthplace no record Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Work, Retired

11. Industry or business _____

MOTHER FATHER 12. Name Aaron Duncan

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

14. Maiden name Lucy Martha Moasher

15. Birthplace Ohio record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hattie Kisler

(b) Address 2421 Cherry

17. (a) Burial (b) Date thereof 7-7-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Mrs. C. L. Forstor
 (b) Address Kansas City Missouri

19. (a) 7-7-47 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson HY
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 2417 Cherry 6
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4
 year 1947 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Gun Shot Wound of Head
 Duration _____

Due to _____
 Due to _____

Other conditions 11240
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy no
History & Impression

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 7-4-47

(c) Where did injury occur? KC. Jackson mt
(City or town) (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 4-10 rifle

Signature Campbell (M. D. or other) Caughy

Address 11240 Date signed 7-5-47

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 Robert A. Ferrmann.....

Licensed Embalmer No. 3700.....

P. O. Address. K.C., 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.