

FILED JUL 25 1947

Registration District No. **2097**

Primary Registration District No. **3043**

Registrar's No. **265**

1. PLACE OF DEATH:

(a) County **Marion**  
(b) City or town **Hannibal**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Levering Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **---**  
In this community **---**  
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (by County **Marion**)  
(c) City or town **Hannibal**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **418 N. 6th**  
(If rural, give location)  
(e) Citizen of foreign country? **---** (Yes or No)  
If yes, name country **---**

3. (a) PRINT FULL NAME **infant son of James & Barbara Duffey**

3. (b) If veteran, name war **---** 3. (c) Social Security No. **---**

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 **July 8 1947**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b> min.

9. Birthplace **Hannibal Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **---**

11. Industry or business **---**

12. Name **James A. Duffey**

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

14. Maiden name **Barbara Brown**

15. Birthplace **New York**  
(City, town, or county) (State or foreign country)

16. (a) Informant **James A. Duffey**

(b) Address **418 N. 6th, Hannibal, Mo.**  
**burial**

17. (a) **burial** (b) Date thereof **7/8/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grand View Burial Park**

18. (a) Signature of funeral director **Roy O. Schwartz**

(b) Address **1000 Broadway, Hannibal, Mo.**

19. (a) **7-15-47** (b) **R. E. M. Lucke**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8**  
year **1947** hour **4** minute **50 a.m.**

21. I hereby certify that I attended the deceased from **July 8 1947** to **July 8 1947**  
that I last saw him alive on **July 8 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia by secondary**  
Duration **2**

Due to **---**

Due to **---**

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 **[Signature]** (M. D. or other) **---**

Address **---** Date signed **July 11 1947**

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

MOTHER FATHER

**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.....

*Not Embalmed -*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Paul Richard Brown*

Licensed Embalmer No.....

*4324*

P. O. Address.....

*Hannibal, 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.**