

FILED AUG 4 1947

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26601

State File No. ....

Registration District No. 374

Primary Registration District No. 6274

Registrar's No. 55

1. PLACE OF DEATH:

(a) County. Worth  
(b) City or town. Rural - Middlefork Twp  
(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. none  
In this community. 15 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. Worth 11/3  
(c) City or town. Rural  
(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 .....

3. (a) PRINT FULL NAME CHARLES HENRY DUCKWORTH

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced. married

6. (b) Name of husband or wife. Eliza Duckworth 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased. July 8 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 11 15 hr. min.

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

10. Usual occupation. ....

11. Industry or business. Farmer

12. Name. Lebe Duckworth

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

14. Maiden name. unknown

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

16. (a) Informant. Dan Hack  
(b) Address. Grant City MO

17. (a) Rural (b) Date thereof. 6 26 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. prairie chapel country  
(d) Signature of funeral director. Frank Ross

(e) Address. Grant City MO  
19. (a) July 21, 1947 (b) Letta E. Dewore  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1947 hour 7 minute 15 AM.

21. I hereby certify that I attended the deceased from June 20  
1947 to June 24 1947  
that I last saw him alive on June 24 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death. Myocardial degeneration  
heart Duration 5 1/2

Due to. L

Due to. ✓

Other conditions (include pregnancy within 3 months of death) ✓

Major findings: Of operations. ✓

Of autopsy. WU

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). L

(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. Grant City MO Date signed 6-25-47

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

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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. *29477*

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.**