

S. No. 2  
M-543  
7. 5-17-39  
X36671

State File No.

Registrar's No. 62

Registration District No. 240

Primary Registration District No. 4358

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

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution:  
Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 28 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ernst Lonnie Duncan

3. (b) If veteran, name war No.

3. (c) Social Security No. 493-05-6021

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Effie Duncan

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June 28 1896  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>1</u>	<u>25</u>	_____hr. _____min.

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

10. Usual occupation Retired Electrician

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Joseph Duncan

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

14. Maiden name Rose Vaughn

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

16. (a) Informant Effie Duncan

(b) Address Lilbourn, Missouri

17. (a) Burial (b) Date thereof 8-25-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mounds Park Cem.

18. (a) Signature of funeral director Ponder Funeral Home

(b) Address Lilbourn, Missouri

19. (a) 8-25-47 (b) Hol. Pondis, Deputy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23  
year 1947 hour 10 minute 35 P..M.

21. I hereby certify that I attended the deceased from March 15, 1947 to Aug 23, 1947  
that I last saw him alive on Aug 23, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 8 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: Carcinoma of Stomach

Of operations \_\_\_\_\_

Of autopsy 46 B

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)

(a) Means of injury \_\_\_\_\_

23. Signature Claude M. Ponder (M. D. or other) \_\_\_\_\_

Address Madison 200 Date signed 8-25-47

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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..... *Walter L. Ponder* .....  
Licensed Embalmer No. *3367* .....  
P. O. Address..... *Lilbourn, 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.**