i. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 20 1947

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 33714

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1236

**1. PLACE OF DEATH:**

(a) County Buchanan

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

(c) Name of hospital or institution: 528 S.10th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution not (Specify whether
In this community 17 years.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph Street
(If outside city or town limits, write "RURAL")

(d) Street No. 528 S. 10th Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Katherine Ladica Duckett

3. (b) If veteran, name war None

3. (c) Social Security No. 495-26-1385

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles H. Duckett

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased May (Month) 26 (Day) 1892 (Year)

8. AGE: Years 55 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Holt County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Factory Worker- Sub Depot

11. Industry or business Last worked 2years ago

FATHER
12. Name John B. Williams
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Katherine Downs
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Charles H. Duckett
(b) Address 528 S.10th St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meurhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 10-17-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 12th year 1947 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from Sept 19, 1947, to Oct 12, 1947 that I last saw her alive on Oct 12, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Due to chronic leukemia

Due to

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

Major findings:
Of operations 74A

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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

23. Signature E. Handler (M. D. or other) M.D.

Address Physicians + Surgeons Building St. Joseph Mo Date signed Oct 13. 47

Jefferson City Printing Co. (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 Albert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.**