

National Office of Vital Statistics
FILED NOV 10 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33716**
Registrar's No. **1312**

Registration District No. **42**

Primary Registration District No. **1000**

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 **St. Joseph's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether
In this community **49 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **2002 N. 3rd Street**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **1st**
year **1947** hour **12:09** minute **09 P.** M.

21. I hereby certify that I attended the deceased from **Oct 8**, 19**47**, to **Nov 1**, 19**47**
that I last saw him **in** alive on **Nov 1**, 19**47**
and that death occurred on the date and hour stated above.
Duration

Immediate cause of death **Carcinoma of colon**
- descending

Due to **Intestinal Obstruction 10-6-47**
- Colostomy

Other conditions (Include pregnancy within 3 months of death)

Major findings: **as above**
Of operations **468**
Of autopsy

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?
place? (Specify type of place)
While at work? (e) Means of injury
23. Signature **H. P. Jensen** (M. D. or other)
Address **St. Joseph Mo** Date signed **11-3-47**

3. (a) PRINT FULL NAME **John Thomas Duncan**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Theodora Duncan**
6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **April 4 1872**
(Month) (Day) (Year)

8. AGE: Years **75** Months **6** Days **27**
If less than one day hr. min.

9. Birthplace **Lipton County Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Chief of Detectives**

11. Industry or business **Police Dept. St. Joseph, Mo.**

12. Name **Columbus C. Duncan**

13. Birthplace **Harden County Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Sturgeon**

15. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Oliver S. Duncan**

(b) Address **3421 Penn St., St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 3, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ashland Cemetery**

18. (a) Signature of funeral director **Walter Meierhoff**

(b) Address **1946 Colhoun St., St. Joseph, Mo.**

19. (a) **11-5-47** (b) **L. L. Jenkins**
(Date received local registrar) (Registrar's signature)

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

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 E. 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.