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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 2 1948

Registration District No. 1002

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 41647

Primary Registration District No. 1002

Registrar's No. 5345

**1. PLACE OF DEATH:**

(a) County: Jackson

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

(c) Name of hospital or institution: Colonial Rest Home, 7611 Womall Road 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Years (Specify whether years, months or days)

In this community 46 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Jackson 47

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 1028 West 70th Terrace, 6
(If rural, give location)

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

If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Mary Elizabeth Duncan

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: Joseph Duncan

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

7. Birth date of deceased: June (Month) 7 (Day) 1858 (Year)

8. AGE: Years 89 | Months 6 | Days 13 | If less than one day hr. min.

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

10. Usual occupation: at home,

11. Industry or business: x

FATHER
12. Name: Washington Jackson Davis
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Nancy Miller
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Lester Hutching,
(b) Address: 1028 W. 70th Ter., Kansas City, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 20 year 1947 hour 3 minute 00 a.m.

21. I hereby certify that I attended the deceased from March 18, 1947, to Dec 20, 1947; that I last saw her alive on Dec. 17, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Arteriosclerosis Generalized | 15 yrs |
| Due to: Pneumonia, terminal Bronchial | 4 days |
| 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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: M. Donald McFarland (M. D. or other) M.D.

Address: 315 Alameda Rd K.C. Mo. Date signed 12/20/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ellis W. Wilhelmy Lo 1533

## 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. J. Clair Shypard

Licensed Embalmer No. 4179

P. O. Address. K. C. 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.**