

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 573
Registrar's No. 92

Registration District No. 75 Primary Registration District No. 5299

1. PLACE OF DEATH:
 (a) County Clinton
 (b) City or town Lalchop Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
8 miles South of Lamar highway # 693
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20
(Specify whether)
 In this community 60 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Clinton 25
 (c) City or town Cameron 1
(If outside city or town limits, write "RURAL")
 (d) Street No. 1
(If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country K

3. (a) PRINT FULL NAME Lucinda Clara Elizabeth Duff
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 26
 year 1948 hour 8:00 minute 7 A.M.
 21. I hereby certify that I attended the deceased from 1-15-48
 _____, 19____, to _____, 19____;
 that I last saw her alive on 1-24-48, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race W
 6. (a) Single, widowed, married, divorced 2
 6. (b) Name of husband or wife Geo. W. Duff
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 19, 1868
(Month) (Day) (Year)

Immediate cause of death Heart failure 36 hr
 Due to Hypertension ?
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years 79 Months 6 Days 7 If less than one day _____ hr. _____ min.
 9. Birthplace Hamden Ohio
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Benjamin Clayton
 13. Birthplace no record 9
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Ogien
 15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mar Duke Walden
 (b) Address Cameron
 17. (a) Burial (b) Date thereof Jan. 28, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood cemetery
 18. (a) Signature of funeral director Blind Funeral Home
 (b) Address Cameron
 19. (a) Jan 27, 1948 (b) Wimfred W. Moser
(Date received local registrar) (Registrar's signature) 340

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) (c) Means of injury 0
 23. Signature R. M. Walden (M. D. or other) _____
 Address Cameron Mo Date signed 1-26-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE PERMANENT RECORD

MOTHER FATHER

**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 George D. Vrammell

Licensed Embalmer No. 4425

P. O. Address. 309 1/2 West 3rd

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.

Cameron, Mo