

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3997

State File No.

Registrar's No. 225

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: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location) Few Hours

(d) Length of stay: In hospital or institution. few hours (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 44

(a) State Missouri (b) County Holt

(c) City or town Maitland-Rural
(If outside city or town limits, write "RURAL")

(d) Street No. RR
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Amanda Cornelia Duncan

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

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

6. (c) Age of husband or wife if alive not given years

7. Birth date of deceased May 24 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	67	8	26	hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name William Weakley

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

14. Maiden name Ellen Callwell

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

16. (a) Informant Wilson Duncan

(b) Address Maitland, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Feb 22 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Maitland, Missouri

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

(b) Address Oregon, Mo

19. (a) 2-24-48 (Date received local registrar)

(b) E. K. Jenkins (Registrar's signature) 20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1948 hour 6 minute 15.00 M.

21. I hereby certify that I attended the deceased from Feb 19 1948 to Feb 20 1948
that I last saw her alive on Feb 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Infectious Abstraction

Due to Impaction at Cholecystomy opening

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 122B

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 D. Perron (M. D. or other) MD
Address Maitland, Mo Date signed 2-20-48

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

MOTHER FATHER

20 21

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 *James H. Pettigrew*
Licensed Embalmer No. *3192*
P.O. Address *Oregon 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.