S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9433

Registration District No. 213 | Primary Registration District No. 5781 | Registrar's No. 6 48

1. PLACE OF DEATH:
(a) County: Miller
(b) City or town: Brumley (Rural) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: All Life

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

3. (a) PRINT FULL NAME: Merrill D. Duncan
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife: No
6. (c) Age of husband or wife if alive: No years
7. Birth date of deceased: August (Month) 13 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
62	7	1	hr. min.

9. Birthplace: Miller (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: .....
FATHER 12. Name: Green B. Duncan
13. Birthplace: Miller (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Shelton
15. Birthplace: Miller (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Martha Duncan
(b) Address: Brumley (Route 2) Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Union Cemetery
18. (a) Signature of funeral director: Walter L. Shepp
(b) Address: Iberia, Missouri
19. (a) Mch 18, 1948 (Date received local registrar) (b) Mrs. C. R. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1948 hour 5 minute 45 P. M.
21. I hereby certify that I attended the deceased from March 1, 1948 to March 14 1948 that I last saw him alive on March 14 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculous Pneumonia	14 Days
Due to: Chronic Pulmonary Tuberculosis with Bronchiectasis	4 Years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
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? (Specify type of place)
While at work? (e) Means of injury .....
23. Signature: W. E. Humphrey (M. D. or other) D.O.
Address: Tuscumbia Mo. Date signed: 3-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 27 1948

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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, 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.