. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11347

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 113

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim- Smith Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town Meadville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME Jackie Lee Duncan
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec. (Month) 28 (Day) 1947 (Year)

8. AGE: Years | Months 3 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Kirksville (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation Infant
11. Industry or business .....
FATHER
12. Name Ralph Palmer Duncan
13. Birthplace Meadville, Missouri (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Betty Jean Jerome
15. Birthplace Purdin, Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant Ralph P. Duncan
(b) Address Meadville, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Meadville Mo
18. (a) Signature of funeral director Ralph Norman
(b) Address Chillicothe, Mo.
19. (a) 4-16-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1948 hour 3:25 minute P: M.

21. I hereby certify that I attended the deceased from 29 March 1948, to 7 April 1948, that I last saw him alive on 7 April 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Brain abscess	2 days
Due to: Meningitis (non-epidemic type)	7 days
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) 0
While at work? ..... (e) Means of injury .....

23. Signature J. J. Kimp (M. D. or other) M.D.
Address Kirksville, Mo. Date signed 4/9/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-48-725
Date Filed APR 20 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 Jack L. Dooley, Registered Apprentice No. 222, working under my personal supervision.

Signed Dee Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.