

No. 3904
10-47
5-17-39

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAY 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17163

Registration District No. 276

Primary Registration District No. 5945

Registrar's No. 33

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

1. PLACE OF DEATH:

(a) County: Phelps

(b) City or town: Rural - Dillon Twp.

(c) Name of hospital or institution: Light Star Route - St. James

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

3: (a) PRINT FULL NAME: EMMA ALTHEA DUNCAN

3. (b) If veteran, name war:

3. (c) Social Security No.

4. Sex: Female

5. Color or race: Wh.

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

6. (b) Name of husband or wife: George R.

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: June 9 1878 (Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 0

If less than one day hr. min.

9. Birthplace: Pulaski County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Alex Carter

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

14. Maiden name: Martha Watson

15. Birthplace: Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: George R. Duncan

(b) Address: St. Star Rt. - St. James

17. (a) Burial, cremation, or removal: Rural (b) Date thereof: 5-11-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Adams Cemetery

18. (a) Signature of funeral director: N. L. & Sons F. H.

(b) Address: Rolla, Missouri

19. (a) Date received local registrar: May 21, 1948 (b) Registrar's signature: Carole Birmingham (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Phelps

(c) City or town: Rural

(d) Street No.: Light Star Route - St. James (If rural, give location)

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

If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 9 year: 1948 hour: 9 minute: 05 A.M.

21. I hereby certify that I attended the deceased from 7 Jan 1948, 19 to 9 May 1948, and that death occurred on the date and hour stated above.

that I last saw her alive on 9 May 1948

Immediate cause of death: Cerebral Hemorrhage

Due to: Paralysis

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: none

Of autopsy:

Duration

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature: H. H. Davis M.D. (M. D. or other)

Address: Rolla Mo. Date signed: 5/10/48

RECEIVED

Phelps County Health Officer,

County File Number 5/25/48 -

Date Filed _____

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.