

National Office of Vital Statistics

FILED OCT 25 1948

4099

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH **CASS CASS**

(a) County.....

(b) City or town..... **PLEASANT HILL**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of house or institution: **107 High**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **12 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Cass**

(c) City or town..... **Pleasant Hill Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No..... **107 High**
(If rural, give location)

(e) Citizen of foreign country?..... **no.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **JESSE WILLARD DUKE**

3. (b) If veteran, name war.....

3. (c) Social Security No. **431-28-7301**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Oct** day..... **17**
year..... **1948** hour..... **11** minute..... **15 A.M.**

4. Sex..... **male**

5. Color or race..... **White**

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

6. (b) Name of husband or wife..... **Mrs Fern Ann Duke**

6. (c) Age of husband or wife if alive..... **4** years **1920**

7. Birth date of deceased.....
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... **Oct 14 48** to..... **Oct 17 48**
that I last saw him alive on..... **Oct 14 48**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
27	5	13hr.....min

Immediate cause of death.....
Self inflicted
Bullet Wound
Right Temple into Brain

Other conditions.....
(Including pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause of which death should be charged statistically.

9. Birthplace..... **Memphis TENN.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Railway Construction**

11. Industry or business..... **LABORER**

12. Name..... **Ernest Duke**

13. Birthplace..... **Memphis Tenn**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Lillian Malady**

15. Birthplace..... **Memphis Tenn.**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... **suicide**

(b) Date of occurrence..... **Oct 17 1948**

(c) Where did injury occur..... **Pleasant Hill, Cass Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... **Home**
(Specify type of place)

While at work?..... **Yes** (e) Means of injury..... **22 rifle**

23. Signature..... **J. F. Hawks**
Address..... **Pleasant Hill** Date signed..... **10/18/48**

16. (a) Informant..... **Mrs. Jesse Duke**

(b) Address..... **Pleasant Hill, Missouri**

17. (a) **burial** (b) Date thereof..... **10-19-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Pleasant Hill**

18. (a) Signature of funeral director..... **Allen Brownfield**

(b) Address..... **Pleasant Hill, Mo.**

19. **Oct. 20. 1948** (Date received local registrar)

Lama J. Jozop (Registrar's signature)

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

MOTHER FATHER

MAR 24 1950

APR 19 1950

JUN 13 1950

NOV 29 1950

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 Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill

* 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!