No. 300
-10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 3 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37577

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 334

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ------214 E. 6th. St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 1 (If outside city or town limits, write "RURAL")

(d) Street No. 214 E. 6th St. 4 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country ----

3. (a) PRINT FULL NAME Jessie Dulany Duncan

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

3. (c) Social Security No. ------

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Sept. (Month) 30, (Day) 1867 (Year)

8. AGE: Years 81 Months 1 Days 20 If less than one day ___ hr. ___ min.

9. Birthplace Howard County (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Housewife

11. Industry or business ----

FATHER
12. Name Elic Petrie Sr. 4
13. Birthplace (City, town, or county) Scotland (State or foreign country) 1

MOTHER
14. Maiden name Elsie McTomlin
15. Birthplace (City, town, or county) Scotland (State or foreign country) 4

16. (a) Informant Mrs. Hubble White

(b) Address 214 E. 6th St. Sedalia Mo.

17. (a) Burial & Removal (Burial, cremation, or removal) Date thereof 11/20/48 (Month) (Day) (Year)

(c) Place: burial or cremation Fayette, Missouri

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 11-20-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

20 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20 year 1948 hour 4:15 minute P. M.

21. I hereby certify that I attended the deceased from Sept 20, 1948 to Nov. 20, 1948 that I last saw him alive on Nov. 20, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Chronic~~ Terminal Pneumonia	5 da
Due to Chronic Myocarditis	3 years
Due to	
Other conditions Diabetes Senilis (Include pregnancy within 3 months of death)	3 years

Major findings:
Of operations
Of autopsy 61

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 H. R. Edwards (M. D. or other) M. D.

Address Sedalia Mo. Date signed 11/20/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-2-48

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, ~~only~~,.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.