S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1948

Registration District No. 280

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5960

State File No. 41083

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Platte

(b) City or town New Market, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83

(c) City or town New Market 4
(If outside city or town limits, write "RURAL")

(d) Street No. none 5
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Kelly Duncan

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~XXXXX~~ wife Sarah Francis McKamey

6. (c) Age of ~~XXXXX~~ wife if alive 73 years

7. Birth date of deceased Jan. (Month) 11 (Day) 1873 (Year)

8. AGE: Years 75 Months 8 Days 22 If less than one day 21 hr. 30 min.

9. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Minister

11. Industry or business Groceryman

FATHER
12. Name John K. Duncan
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Jemima Patterson
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Thelma Duncan (Daughter)
(b) Address New Market, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge Cem.

18. (a) Signature of funeral director Vaughn Funeral Home
(b) Address Dearborn, Missouri

19. (a) Nov 4-48 (Date received local registrar) (b) Ophia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3
year 1948 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov 3, 1948, to Nov 3, 1948
that I last saw him alive on Nov 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 93a

Major findings:
Of operations

Of autopsy No

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) No

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)

While at work? No (e) Means of injury None

23. Signature M H Moore (M.D. or other)

Address Dearborn Mo Date signed Nov 4/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-28-48

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, or by.....

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

working under my personal supervision.

Signed W. R. Vaugh

Licensed Embalmer No. 6023

P. O. Address Weston 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.