

FILED DEC 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37340**

5225

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS City</u>	c. LENGTH OF STAY (in this place) <u>52 years</u>	c. CITY OR TOWN <u>KANSAS City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>		10. STREET ADDRESS (If rural, give location) <u>112 NORTH WHEELING AVE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>REETA</u> b. (Middle) <u>MARY</u> c. (Last) <u>DUNCAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. - 12 - 1954</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 1, 1901</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES LADY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SEARS-ROEBUCK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ARGYLE IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>HARRY E NURSS</u>	13b. MOTHER'S MAIDEN NAME <u>Lillie Doherty</u>	14. NAME OF HUSBAND OR WIFE <u>HAROLD C DUNCAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>496-24-4921</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LILLIE S NURSS</u>	ADDRESS <u>112 No WHEELING KANSAS CITY MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Lymph Node</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary</u> DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lymphatic Leukemia</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 31, 1954, to Nov 12, 1954, that I last saw the deceased Valve on Nov 16, 1954, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold A. Pallett</u> (Degree or title) <u>D</u>	23b. ADDRESS <u>1132 Prof. Blvd. Kc.</u>	23c. DATE SIGNED <u>11/12/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov 15 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-12-54</u>	REGISTRAR'S SIGNATURE <u>Neval Minihall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DW Neumann</u> ADDRESS <u>1331 Bush Creek Kansas City Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

2111/186

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John B Lewis
Licensed Embalmer No. 487
P. O. Address KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.