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FILED APR 14 1943  
Registration District No. 137

State File No. \_\_\_\_\_  
Registrar's No. 67

Primary Registration District No. 4216

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

1. PLACE OF DEATH:  
(a) County Daviess  
(b) City or town Calhoun  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 65 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Henry <sup>42</sup>  
(c) City or town Calhoun <sup>0</sup>  
(If outside city or town limits, write "RURAL") <sup>0</sup>  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ <sup>0</sup>

3. (a) PRINT FULL NAME George Thomas Duvell  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security 203-10-2390

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 23  
year 1943 hour 9 minute 20 P. M.  
21. I hereby certify that I attended the deceased from February  
22, 1943, to March 23, 1943  
that I last saw him alive on March 23  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced 2  
6. (b) Name of husband or wife Ada Duvell  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 1, 1876  
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis <sup>1 month</sup>  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
67 11 34 hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 94 a

9. Birthplace Calhoun Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Mail Carrier + Railroad

11. Industry or business \_\_\_\_\_

12. Name Joseph Duvell

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

14. Maiden name Married Williams

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

16. (a) Informant Robert L Duvell

(b) Address 1499 Belmont Springfield MO

17. (a) Burial (b) Date thereof Mar 25 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun

18. (a) Signature of funeral director J. A. Hensley

(b) Address Calhoun Mo

19. (a) March 24 1943 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 2  
23. Signature Charles Lachs (M. D. or other) P.O.  
Address Calhoun Mo Date signed 3-24-43

RECEIVED

District Health Office No. 7A

District File Number

3-43-11

Date Filed

4-13-43

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 myself, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed J. A. House  
Licensed Embalmer No. 2205  
P. O. Address Calhoun 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10323

Registration District No. 137

Primary Registration District No. 4216

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Henry Colburn  
(b) City or town  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 65 years, months or days (Specify whether)

3. (a) PRINT FULL NAME George J. Dunal

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex M 5. Color of race W 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased April 1, 1906 (Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days If less than one day

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) May 18, 1943 (b) Georgia Kitcher (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County  
(c) City or town (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 1943 year hour minute M.

21. I hereby certify that I attended the deceased from 19... to 19... that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration

Due to... Due to... Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 (M. D. or other) Address Date signed

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

SUPPLEMENTARY

MOTHER FATHER

