

No. 2
-1/47
-17-39

FEDERAL SURVEY AGENCY

U.S. Department of Health
Federal Office of Vital Statistics

FILED JAN 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2 894

Registration District No. 139

Primary Registration District No. 3023

Registrar's No. 12

1. PLACE OF DEATH:

(a) County HENRY

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

(c) Name of hospital or institution:
CLINTON GENERAL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 DAYS Specify whether

In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry 42

(c) City or town Clinton, Mo 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 408 W. Grandriver st.
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR T. DUNCAN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased DEC. 8, 1861
(Month) (Day) (Year)

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

86 1 15 hr. min.

9. Birthplace Clinton Henry Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William A. Duncan

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

14. Maiden name Eleanor T. Blanton

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

16. (a) Informant R. H. Duncan

(b) Address Clinton, Mo

17. (a) Burial (b) Date thereof Jan. 25, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Care

18. (a) Signature of funeral director W. A. Duncan

(b) Address Clinton, Mo

19. (a) 1-24-48 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1948 hour 5 minute _____ P. M.

21. I hereby certify, that I attended the deceased from Jan 20
1948 to Jan 23 1948
that I last saw him alive on Jan 23 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis with uremia

Duration 10 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 131B

PHYSICIAN

Underline the cause of 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. S. Walker (M. D. or other) M.D.

Address Clinton Mo Date signed 1-24-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 14-17-8073
Date Filed 1-26-51

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, W. J. Cassant,
Registered Apprentice No. _____,
working under my personal supervision.

Signed W. J. Cassant
Licensed Embalmer No. 3779
P. O. Address Clinton, 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.