

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

38193  
Do not use this space.

RECD DEC 14 1938

1. PLACE OF DEATH  
(a) County Jackson Registration District No. 379  
(b) Township Kaw Primary Registration District No. 1002 Registered No. 4427  
(c) City Kansas City (d) Street No. 1006 West Gregory Boulevard St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 525 KATE ELIZABETH DUNCAN  
(a) Residence, No. 1006 West Gregory Boulevard St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William S. Duncan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 7, 1856</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>1</u>
		DAYS <u>5</u>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>At home</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME Samuel Julius Learned

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts

MOTHER

15. MAIDEN NAME Ann Elizabeth Lowry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT E. L. Duncan (Son) (Mo.)  
(ADDRESS) 1006 West Gregory Boulevard, K. C.

18. ~~BURIAL~~ ~~NOTIFICATION~~ OR REMOVAL PLACE Denver, Colorado DATE Nov. 14, 1938

19. FUNERAL DIRECTOR (NAME) Stine & McClure  
(ADDRESS) Kansas City, Missouri.

20. FILED Nov. 14, 1938 M. Brown  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1937, to Nov. 12, 1938  
I last saw her alive on Nov. 12, 1938. Death is said to have occurred on the date stated above, at P. m. 10:55  
The principal cause of death and related causes of importance were as follows:  
Senility - Arterial Hypertension - Cor. myocarditis  
Date of onset

Other contributory causes of importance:  
Pulmonary edema - Bronchial pneumonia - morbid

Name of operation none Date of .....  
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify Paul J. Hunt M. D.  
(Signed) Prof. Betty K. C. ...  
(Address)

01/16/57  
1:30 - 4

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**