

REC'D APR 25 1939

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

11627  
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe <sup>2</sup> Registration District No. 582  
(b) Township Washington <sup>1</sup> Primary Registration District No. 5780 Registered No. 10  
(c) City ..... (d) Street No. ....  
(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

Samuel Charter Duncan  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth S. Duncan  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 24<sup>th</sup> 1855  
7. AGE YEARS 83 MONTHS 10 DAYS 7 IF LESS THAN 1 day, ..... hrs. or ..... min.  
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. Farmer  
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) Hendersonville Ill.

FATHER 13. NAME William E. Duncan

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

MOTHER 15. MAIDEN NAME Elizabeth Hawks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Miss Edrie Wheeler (ADDRESS) Hummel, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Joy DATE 3/4 1939

19. FUNERAL DIRECTOR James Egan (ADDRESS) Hummel Mo

20. FILED 3/4 1939 F. B. Barnett, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1939, to Mar 3 1939  
I last saw him alive on Mar 2 1939. Death is said to have occurred on the date stated above, at 12<sup>15</sup> a.m.  
The principal cause of death and related causes of importance were as follows:

lobar Pneumonia  
R. lung  
Flu  
Other contributory causes of importance: 11/20  
Date of onset Feb 28  
Date of death Mar 3

Name of operation ..... Date of .....  
What test confirmed diagnosis? Clinical Was there an autopsy? No

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 .....  
(Signed) R. L. Caldwell M. D.  
(Address) Shelbina Mo.

WRITE CLEARLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

69

2

1

525

Date of onset  
Feb 28  
Date of death  
Mar 3

910

RECEIVED

District Health Officer No. 10

District File Number 10-39-646

Date Filed APR 11 1939

STATEMENT BY LICENSED EMBALMER

I, George J. Givan, Licensed Embalmer No. 1754

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed George J. Givan  
Licensed Embalmer No. 1754

**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.)**