REC'D JUL 11 1939

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

21616
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township or City St Joseph
(c) Registration District No. 85
Primary Registration District No. 1001
Registered No. 653
(d) Street No. St Joseph's Hospital 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.

220

2. PRINT FULL NAME Infant Dukes
(a) Residence, No. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26th 1939
7. AGE: Years 0 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 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.
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) St Joseph Mo.

FATHER
13. NAME Joseph Dukes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houston Texas

MOTHER
15. MAIDEN NAME Zina Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenwood Ark

17. INFORMANT (ADDRESS) Mr. Joseph Dukes 6002 Meade St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Island Cemetery DATE June 29th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fleeman & Son, Inc. 1946 Calhoun St. Joseph, Mo.
20. FILED June 28, 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26th, 1939
22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 19..., to ..., 19...
I last saw him alive on June 26, 1939. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Intra uterine asphyxia

Other contributory causes of importance:

Aplastic Leukemia of Mother

Name of operation 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
(Signed) Winston T. Stacy, M. D.
(Address) Kirkpatrick Bldg St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, 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.

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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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.