

REC'D SEP 20 1939

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

28965
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218
 (b) Township 1 Primary Registration District No. 3015 Registered No. 88
 (c) City Beowille (d) Street No. _____ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

525 Henry Clay Duncan
 (a) Residence, No. Beowille, Mo. 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 Melissa Steger Duncan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23-1861

7. AGE YEARS 77 MONTHS 8 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Mo.

13. NAME George W. Duncan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Ky.

15. MAIDEN NAME Mary White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Ky.

17. INFORMANT (ADDRESS) G. S. Duncan New Franklin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove Beowille DATE Aug 13 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. P. Hale New Franklin Mo.

20. FILED 8-10 1939 St. Hooper (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4-39

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1939, to Aug 4, 1939
 I last saw him alive on Aug 1, 1939. Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:

myocarditis Date of onset unknown
arteriosclerosis cerebral
arteriosclerosis general

Other contributory causes of importance:
arteriosclerosis cerebral
arteriosclerosis general

Name of operation _____ Date of _____
 What test confirmed diagnosis? none 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) G. S. Chamberlain, M. D.

197 (Address) New Franklin Mo.

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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/18/39

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 H. F. Pelt

Licensed Embalmer No. 3515

P. O. Address New Franklin

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.