

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35422

State File No. _____

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Barton 2
(b) City or town Lamar
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)

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

In this community practically all life
years, months or days)

3. (a) PRINT FULL NAME Mary Teresa Duncan 525

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 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 Jan. 13th 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 3 _____ hr. _____ min.

9. Birthplace McDonald Co., MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name J. C. Duncan 9

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Esther Jones

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

16. (a) Informant's own signature W. B. Duncan

(b) Address Lamar, MO.

17. (a) Greenfield Cemetery near (b) Date of death Oct 11 7th, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Cemetery near

18. (a) Signature of funeral director River funeral Home

(b) Address Lamar, MO.

19. (a) Oct. 16 - 1939 (b) Mrs Josephine Myrath
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 1

(c) City or town Lamar
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1939 hour 6:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from August 24, 1939, to October 16, 1939;
that I last saw her alive on October 15, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Thrombosis 12 hrs

Due to Arterial hypertension

Due to myocardial disease

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

Major findings: 93%
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to 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 _____

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? _____

While at work? _____ (Specify type of place)

23. Signature James A. Alkins (M. D. or other) _____

Address Flora, MO Date signed 10/16/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED

District Health Officer No. 6,

District File Number 1139-2222

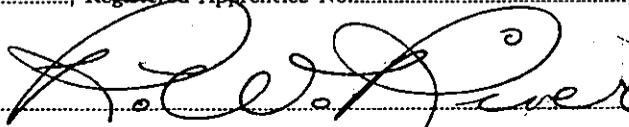
Date Filed NOV 8 1939

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, OK

Registered Apprentice No. _____

working under my personal supervision.

Signed 

Licensed Embalmer No. 3121

P. O. Address Lamar, 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, above space should be left blank.