FILED MAY 15 1940

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

15936
Do not use this space.

1. PLACE OF DEATH

(a) County St Clair — Registration District No. 766

(b) Township Roscoe — Primary Registration District No. 4461 — Registered No.

(c) City L — (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hattie L Duckering

(a) Residence, No. St. Clair Co. rural 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Thomas W Duckering

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12/1-1882

7. AGE: Years 57 — Months 4 — Days 15 — 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. Housewife
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): Young Harris Georgia

FATHER
13. NAME: Joseph Southers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

MOTHER
15. MAIDEN NAME: Mary Ann Hooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

17. INFORMANT (ADDRESS): Laura Southers

18. BURIAL, CREMATION, OR REMOVAL
PLACE ~~Roscoe~~ Benton Green DATE 4-18 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): F B Goodrich Roscoe Mo

20. FILED April 18 1940 Mrs F B Goodrich
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4 - 16 1940

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
From history given by family death was due from heart attack	

Other contributory causes of importance: 2 DDW

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? V
If so, specify ~~O S Kuhlle Coroner~~
(Signed) O S Kuhlle Coroner ~~M.D.~~
(Address) Osceola Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 7,
District File Number 5-40-248
Date Filed 5-6-40

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, and O. S. Hull of Osceola Funeral Home or by

Registered Apprentice No. ....., working under my personal supervision.

Signed F B Goodrich

Licensed Embalmer No. 3038

P. O. Address Roscoe 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.