

FILED JUL 15 1940

No. 72nd White 21748

S. No. 2
-11-10-39
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 525

1. PLACE OF DEATH:

(a) County. GREENE
(b) City or town. Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1403 N. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether _____)

In this community, _____
years, months or days

3. (a) PRINT FULL NAME. Grover Duncan 525

3. (b) If veteran, name war. NO 3. (c) Social Security No. 491-03-445

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Elizabeth Duncan 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased. March 26, 1893
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Winona Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Grocery Store

12. Name Henry Duncan

13. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Chilton

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

16. (a) Informant Mrs. Retta Duncan

(b) Address Texas City, Mo.

17. (a) Burial (b) Date thereof 6-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Alma Schmeyer

(b) Address Springfield Mo.

19. (a) June 21, 1940 (b) J. W. E. Handley MD
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1940 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him in dead live on June 18, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration Instant

Due to _____

Due to 94 1/2

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

Major findings: _____
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 _____

(c) 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? 944

(Specify type of place) _____
While at work? (e) Means of injury _____

Signature R. M. White (M. D. or other) _____

Address Coines Greene County Date signed 6/19/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

OCT 18 1948

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 *[Handwritten Signature]*

Licensed Embalmer No. 1767

P. O. Address *[Handwritten Address]*

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.