

STANDARD CERTIFICATE OF DEATH

State File No. 32857

Registration District No. 1-571

Primary Registration District No. 5008

Registrar's No. 2

**OCT 23 1940**

1. PLACE OF DEATH

(a) County Phelps  
(b) City or town Edgar Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Edgar Springs Mo  
(If rural give location)  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME

Joseph Luther Duckworth  
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex m 5. Color or race wch 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Dorene Duckworth 6. (c) Age of husband or wife if 14 years

7. Birth date of deceased May 17 1923  
(Month) (Day) (Year)

8. AGE: Years 18 Months 3 Days 27 If less than one day hr. min.

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

10. Usual occupation farm labor

11. Industry or business 0

12. Name Luther Duckworth

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

14. Maiden name Betha Earl

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

16. (a) Informant Luther Duckworth  
(b) Address High Hill Mo

17. (a) Rural (b) Date thereof 9-16-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson bur

18. (a) Signature of funeral director W. Lee Dean  
(b) Address Rolla Mo

19. (a) Sept. 19, 1940 (b) Alpha Cappa  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14  
year 1940 hour 11 minute 4 M.

21. I hereby certify that I attended the deceased from Aug 29, 1940 to Sept 14, 1940  
that I last saw her alive on Sept 14, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Embolus in lung  
Duration

Due to apendectomy

Due to 121

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature L. L. Randall (M. D. or other) 1 Mo

Address Rolla Date signed 9-16-40

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number 10491001

Date Filed \_\_\_\_\_

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 S. B. [Signature]

Licensed Embalmer No. 3297

P. O. Address Roller [Signature]

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.