

FILED JAN 21 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH43387
Do not use this space.

1. PLACE OF DEATH

(a) County Ozark Registration District No. 649
 (b) Township Noble Primary Registration District No. 6286 Registered No. _____
 (c) City Pondfork (d) Street No. _____
 (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 Claude Edward Duckworth,

(a) Residence, No. Thomasville, Mo. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Dingle

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 11 14

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.
 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) Pondfork, Mo.13. NAME Homer Duckworth14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Toledo, Mo.15. MAIDEN NAME Elizabeth Daves16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownbranch, Mo.17. INFORMANT Homer Duckworth
(ADDRESS) Pondfork, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Otto DATE 12-31-4019. FUNERAL DIRECTOR Clinkingbeard Funeral Home
(ADDRESS) Ava, Mo.20. FILED Jan 21 1941 Hattie G. Davis
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 30, 194022. I HEREBY CERTIFY, That I attended deceased from
Dec 30, 1940 to Dec 30, 1940I last saw him alive on Dec 30, 1940 Death is saidto have occurred on the date stated above, at 9: A.m.

The principal cause of death and related causes of importance were as follows:

Influenza and
Bronchopneumonia Date of onsetOther contributory causes of importance:
Acute GastritisName of operation None 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? _____

If so, specify F. C. Meyer, M. D.(Signed) F. C. Meyer
(Address) Thornfield Mo

S. P. M. Norman

RECEIVED

District Health Officer No. 6,

District File Number 141-116

Date Filed JAN 14 1941

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)