

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

100-6-11-35
REV. 6-11-35
U.S. G. P. O. 1-1951

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43533

JAN 25 1941
Registration District No. 689

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH: JD
(a) County Louisiana Mo
(b) City or town Louisiana Mo
(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 _____
(Specify whether _____)
In this community _____
years, months or days 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 1223 Iowa
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Joe Duncan
3. (b) If veteran, name war no
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 8
year 1940 hour 2 minute 40 p M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Annie Pellam 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9/25/60
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 15, 1940 to Dec 8, 1940
that I last saw him alive on Dec 7, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Proctitis
Duration 2 yrs

8. AGE: Years 80 Months 3 Days 13 If less than one day _____ hr. _____ min.

Due to _____ 97
Due to _____

9. Birthplace Orleans Ind
(City, town, or county) (State or foreign country)

Other conditions Arteriosclerosis 54%
(Includes pregnancy within 3 months of death)

10. Usual occupation Taxi cab driver

MOTHER FATHER
11. Industry or business _____
12. Name Leroy Duncan 9
13. Birthplace _____ Ind
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Jane Ellis
15. Birthplace _____
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Leroy Duncan
(b) Address Louisiana Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 12/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? 620

(c) Place: burial or cremation Louisiana Mo

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

18. (a) Signature of funeral director J. H. Kelly
(b) Address Louisiana Mo

23. Signature J. M. Pearson (M. D. number) _____
Address Louisiana Mo Date signed 12/8/40

19. (a) 12/8/40 (b) J. H. Kelly
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 1-41-14

Date Filed JAN 7 1941

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.....

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

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, Me

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.