

FILED OCT 21 1941

Registration District No. 420

Primary Registration District No. 5574

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Rural--- Valle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 5 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Star Route West DeSoto
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
year 1941 hour 11 minute 45 M.
21. I hereby certify that I attended the deceased from Feb. 26, 1940, Sept. 6, 1941;
that I last saw her alive on Sept. 6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration minutes
Due to Hypertensive heart disease years

Other conditions (include pregnancy within 3 months of death)
Major findings: 9301
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) no
(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?
While at work? (Specify type of place) (e) Means of injury 0-1
23. Signature Paul V. McSpencer M. D. (or other) M.D.
Address DeSoto, Mo. Date signed 9/8/41

8. (a) PRINT FULL NAME CAROLINE TAPY DUCKWALL

8. (b) If veteran, name war NO 3. (c) Social Security No. NO

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

6. (b) Name of husband or wife Willard Willer Duckwall 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Jan. 19, 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 17 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER
12. Name ? Tapy
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Hardesty
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Claude Cook
(b) Address Richmond Road DeSoto, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 8, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (e) Signature of funeral director Lee Mothershead

(b) Address DeSoto Mo.

19. (a) 9-17-41 (Date received local registrar) (b) Hern Spencer (Registrar's signature)

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

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

J. E. M. Oshroba

Licensed Embalmer No. *3531*

P. O. Address *2925 W. W.*

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.