

FILED DEC 10 1941  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2424 Lafayette  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 31 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2424 Lafayette  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15  
year 1941 hour 8 minute 20 A M.

21. I hereby certify that I attended the deceased from  
Jan 1941 to Nov 15 1941  
that I last saw him alive on Nov 15 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis  
Due to Arteriosclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
14 days  
?  
PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

3. (a) PRINT FULL NAME Stephen C. Duncan

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Cora A. 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Dec 7 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 11 8 hr. \_\_\_\_\_ min.

9. Birthplace Albany Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Real Estate

11. Industry or business self

12. Name James W. Duncan

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

14. Maiden name Mary Wood

15. Birthplace Clinton County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant J. C. Duncan

(b) Address 2424 Lafayette

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

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Fleming T. Son End

(b) Address St Joseph Mo.

19. (a) Nov 17 1941 (b) H. J. Nestlebusch  
(Date received local registrar) (Registrar's signature)

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

23. Signature J. Williams (M. D. or other) M. D.  
Address St. Joseph Date signed 11/16/41

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 11-15-41, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph Mo

**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, fact should be so stated above.**