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DEC 17 1945 82

Registration District No. _____

Primary Registration District No. 5780

State File No. _____

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Rural Washington
(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 (Specify whether
In this community 22 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 222 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No 0

3. (a) PRINT FULL NAME ELIZABETH DUNCAN

3. (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 Widowed
6. (b) Name of husband or wife Dead 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased May 28 1923
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER

12. Name Francis Marion Gilman
13. Birthplace Monroe Co Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Julia Ann Robinson
15. Birthplace Harrison Co Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Wheeler
(b) Address Russell, Mo.
17. (a) Rural (b) Date thereof 11-28-41
(Burial, cremation, autopsial) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Joy

18. (a) Signature of funeral director Ernest G. Givan
(b) Address Russell, Mo.

19. (a) 11-28-41 (b) J. A. Barnett, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1941 hour 11 minute 45 P.-M.

21. I hereby certify that I attended the deceased from Nov 19
1941, to Nov 26 1941;
that I last saw HE alive on Nov 24 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death lobar pneumonia
both lungs. Duration 8 days.

Due to _____
Due to _____

Other conditions 100
(Include pregnancy within 3 months of death)

Major findings:
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) _____
(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 91
23. Signature R. L. Caldwell (M. D. or other) 20.
Address Shelbina Mo Date signed Nov 27

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2179

Date Filed DEC 15 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~~ ME

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

Signed George Givan

Licensed Embalmer No. 1754

P. O. Address Hennepin 140

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.