No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41068

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4748

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

48
3
8

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Cresthaven Convalescent Home-3516 Summitt
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 3 Months 4
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1727 East 47th Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MR. Marshall Brotherton Duncan
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife Mrs. Maggie Duncan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 3 (Day) 1873 (Year)

8. AGE: Years 68 Months 10 Days 17 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business Printer
FATHER
12. Name Thomas Oscar Duncan
13. Birthplace Edinburg (City, town, or county) 4 Scotland (State or foreign country)
MOTHER
14. Maiden name Maggie Ellicott
15. Birthplace Ottawa (City, town, or county) 2 Canada (State or foreign country)
16. (a) Informant Mrs. W. F. Hiacock
(b) Address 1727 E. 47th Terrace
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 21, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown, Mo.
18. (a) Signature of funeral director O. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 12/21/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th
year 1941 hour 4 minute 27 P. M.
21. I hereby certify that I attended the deceased from Nov 12, 1941, to Dec 20, 1941,
that I last saw him alive on Dec 20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Prostate
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

23. Signature Ernest W. Cavaness (M. D. or other) 0 md
Address ERNEST W. CAVANESS, M. D. 715 ARGYLE BUILDING Date signed 12/21/41

(Licensed Embalmer's Statement on Reverse Side) KANSAS CITY, MO.

715 Argyle Bldg
11-12

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 C. Hervey Quisenber

Licensed Embalmer No. 4070

P. O. Address K. C. 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.