DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10079

Registration District No. 29 | Primary Registration District No. 5050 | Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Barry

(b) City or town: Rural Liberty (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 / (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: Barry

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No. ------ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Nancy Katherine Duncan

3. (b) If veteran, name war: ------

3. (c) Social Security No. ----

4. Sex: Felale

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: July (Month) 15 (Day) 1854 (Year)

8. AGE: Years 87 | Months 7 | Days 2 | If less than one day: hr. min.

9. Birthplace: Texas (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: John Henry Inman

FATHER 13. Birthplace: Not Known (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Virginia Clark

MOTHER 15. Birthplace: Arkansaw (City, town, or county) (State or foreign country)

16. (a) Informant: Sarah Harper

(b) Address: Exeter Mo. R#

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/42 (Month) (Day) (Year)

(c) Place: burial or cremation: Chitwood Cem.

18. (a) Signature of funeral director: Wm Morris Bogue

(b) Address: Wheaton, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1942 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Jan 1, 1942, to Feb 17, 1942, that I last saw he alive on Feb 13, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis — Duration: 1yr.

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 131 f

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: John R. Cellion (M. D. or other) MD.

Address: Wheaton Mo Date signed 2/19/42

1077 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 442-589
Date Filed APR 23 1942

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 Wm Morris Pogue

Licensed Embalmer No. 3497

P. O. Address Wheaton, Mo.

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.

S. No. 2B
M—8-21-41
I X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 10079

Registration District No. 29 Primary Registration District No. 5050, Registrar's No.

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

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nancy K. Duncan
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 15 (Day) 1854 (Year)
8. AGE: Years 87 Months 2 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Mar 6, 1942 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 27 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (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)
(b) 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY