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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1942

Registration District No. 297

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14265

Primary Registration District No. 3016

Registrar's No. 36

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

1. PLACE OF DEATH:
(a) County FRANKLIN
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 hours (Specify whether years, months or days)
In this community 9 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 730 S. Jefferson
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME RICHARD VICTOR DUNCAN
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Birth date of deceased May (Month) 30 (Day) 40 (Year)

8. AGE: Years	Months	Days	If less than one day
1	10	11	hr. min.

9. Birthplace Union (City, town, or county) Missouri (State or foreign country)
10. Usual occupation none
11. Industry or business none
FATHER 12. Name Robert L. Duncan
13. Birthplace Summerville (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Edith Leach
15. Birthplace Summerville (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Robert L. Duncan
(b) Address 730 S. Jefferson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Mo
18. (a) Signature of funeral director Otto + Co Otto
(b) Address Washington
19. (a) April 12 - 42 (Date received local registrar) (b) Lucille Ruether (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day ..... year ..... hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from April 11, 1942, 19..., to April 11, 1942, 19..., that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration: 1

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)
(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 [illegible] M.D. (M.D. or other)
Address Washington Mo. Date signed April 12 42

1181 (Licensed Embalmer's Statement on Reverse Side)

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 none other, Registered Apprentice No. none working under my personal supervision.

Signed Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

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.

. S. No. 2B
0M—8-21-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14265

Registration District No. 297 Primary Registration District No. 3016 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington
(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
In this community years, months or days)

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 Richard V. Duncan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 40 (Day) 1940 (Year)

8. AGE: Years 1 Months 10 Days 10 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 11
year 1942 hour minute M.

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

Immediate cause of death Duration
Broncho-Pneumonia
Due to Whooping cough about 2 mo
Due to age
9
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)
(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 J. Tose MD (M. D. or other)
Address Washington, Mo 6/10/42 Date signed