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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5142

FILED FEB 25 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 622

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: 3015 East 7th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 33 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3015 East 7th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ----- 0

3. (a) PRINT FULL NAME Miss Froncie Duncan

3. (b) If veteran, name war No

3. (c) Social Security No. 487-01-7324

4. Sex Female

5. Color or race White

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

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

7. Birth date of deceased September (Month) 21 (Day) 1881 (Year)

8. AGE: Years 61 Months 4 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace Clinton (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Clerk - Retired

11. Industry or business Emery, Bird, Thayer

FATHER
12. Name Lon Duncan
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Laura Bryan
15. Birthplace Clinton (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant J. Duncan
(b) Address Dallas Texas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director O. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 2-6-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4th year 1943 hour 4 minute 30 A. M.

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

Immediate cause of death Lobar pneumonia

Due to 108

Due to

Other conditions Nutritional stenosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy see above

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 O. Hatch 2/5/43 (M.D. or other)

Address Crowe Date signed 2/5/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4043

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.