

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 8 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 229

1. PLACE OF DEATH: Buchanan

(a) County: Buchanan

(b) City or town: Halls  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 75 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Halls  
(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: 0

3. (a) PRINT FULL NAME: Melvin Lawson Duty

3. (b) If veteran, name war: No

3. (c) Social Security No.: no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16 year 1943 hour 8 minute 15 p. M.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Sarah H. Duty

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: Dec. 11, 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 8 to Feb 16, 1943, that I last saw him alive on Feb 16 - 42, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>2</u>	<u>5</u>	.....hr. ....min.

Immediate cause of death: Pneumonia - etc

Due to: Influenza

9. Birthplace: Logan County / West Virginia  
(City, town, or county) (State or foreign country)

Due to: .....

Other conditions: 330a  
(Include pregnancy within 3 months of death)

10. Usual occupation: Retired Section Foreman

11. Industry or business: C. B. & Q R. R.

Major findings: 330a  
Of operations: .....

Of autopsy: .....

MOTHER FATHER

12. Name: Lemuel Duty

13. Birthplace: Unknown / West Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name: Vese McCoy

15. Birthplace: Unknown / West Virginia  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence: .....

16. (a) Informant: Sarah H. Duty

(b) Address: Halls, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 19, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation: Kerlin Cem, Halls, Mo.

(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? .....

18. (a) Signature of funeral director: Clark Mortuary

(b) Address: 5025 King Hill Ave. St. Joseph,

19. (a) 2-19-43 (Date received local registrar)

(b) Roe Hays (Registrar's signature)

While at work? ✓ (Specify type of place)

Means of injury: .....

23. Signature: Clark Mortuary (M. D. or other)

Address: King Hill Ave. St. Joseph, Mo. Date signed: Feb 18 1943

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

*Handwritten:*  
G. J. ...  
P. M. ...

**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 *Emil A. Clark*.....  
Licensed Embalmer No. **4238**.....  
P. O. Address **St. Joseph**.....

**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.**