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7-39
K32873

1111D AUG 9 1943
Registration District No. 137

Primary Registration District No. 3023

State File No. _____

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Clinton Genl Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 days
(Specify whether
In this community 40 year
years, months or days)

3. (a) PRINT FULL NAME MARY JANE 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 mar
6. (b) Name of husband or wife Wm DUNCAN 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased June 2 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name James A Austin
13. Birthplace Ashmore Ill (City, town, or county) (State or foreign country)
14. Maiden name Mary E Cheek
15. Birthplace Columbia NY (City, town, or county) (State or foreign country)

16. (a) Informant Robert Duncan
(b) Address Clinton Mo
17. (a) Burial (b) Date thereof 7-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalus & Bell
(b) Address Clinton Mo

19. (a) July 15 1943 (b) Georgia Kitchen
(Data received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton
(If outside the city or town limits, write "RURAL")
(d) Street No. 221 S 2nd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1943 hour 18 minute 158 A.M.

21. I hereby certify that I attended the deceased from July 2
1943 to July 13 1943
that I last saw her alive on July 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
Due to _____
Due to _____

Other conditions Fract Hip & Grangeburn 3 months
(Include pregnancy within 3 months of death)
bed sore

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 042 ✓
(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? _____

23. Signature Dr. R. S. Hellingwood (Specify type of place) (M. D. or other)
Address Clinton Mo Date signed 7/13/43

Duration
Physician
Underline the cause to which death should be charged statistically.

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

OCT 26 1944

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

7-43-199
8-6-43

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

J. E. Consalvi

Licensed Embalmer No.

1891

P. O. Address

Clinton St.

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.

AUG 10 1943

State File No. _____

Registration District No. 137

Primary Registration District No. 2023

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton
(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 _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Jane 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 June 2
(Month) (Day) (Year)

8. AGE: Years 72 Months _____ 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 _____

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

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Year 1943 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Dissectate pneumonia Duration _____

Due to _____

Due to _____

Other conditions Fract hip & gayeran bed sore
(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) Accident

(b) Date of occurrence April 13, 1943

(c) Where did injury occur? Clinton Henry Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? no (Specify type of place) (e) Means of injury fall

23. Signature R. S. Hallingworth (M. D. or other) M.D.

Address Clinton Mo. Date signed 8/16/43

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

SUPPLEMENTAL

S-25047