

32374

No. 2  
5-42  
5-17-39  
X 3277

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 1943 97

Primary Registration District No. 6022

Registrar's No. 58

1. PLACE OF DEATH: Ray

(a) County Camden Mo.

(b) City or town \_\_\_\_\_  
(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 None (Specify whether \_\_\_\_\_)

In this community all his life (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

(c) City or town Camden Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. Main Street  
(If rural, give location) Mo

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country U.S.A.

3. (a) PRINT FULL NAME George Austin Duncan

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife May (Harrison) Duncan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 21 st. 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>2</u>	<u>14</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Thos. Duncan

13. Birthplace Ray Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Williams

15. Birthplace Ray Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Glad. Duncan  
Camden Missouri.

(b) Address Burial  
(c) Place: burial or cremation Camden (b) Date thereof 10-7-43.  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director [Signature]

(b) Address Richmond Mo.

19. (a) 1077 43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5  
year 1943 hour 10:45 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from 5-10-41 19\_\_\_\_ to 10-5-43 19\_\_\_\_;  
that I last saw him alive on 10-4-43 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia  
Due to Cancer of Lung

Due to \_\_\_\_\_  
Other conditions Bronchial Asthma  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?  
While at work? \_\_\_\_\_ (Specify type of place)  
\_\_\_\_\_ (Means of injury)

Signature [Signature] (M.D. or D.O.)  
Address Richmond, Mo. Date signed 10-6-

Duration

2 days

2 yrs

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Office No. 5  
District File Number

10-13-43

Date Filed

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.....

J.B. Brothers

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

working under my personal supervision.

Brothers Funeral Home .

Signed..... *J.B. Brothers* .....

2001.

Licensed Embalmer No.....

P. O. Address..... Richmond Missouri.

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.