

FILED NOV 8 1943 6
Registration District No. 2226

Primary Registration District No. 5802

54

1. PLACE OF DEATH:

(a) County, Monroe
(b) City or town, Clarence R. Woodlawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McComick
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, 23 days 0
Specify whether
In this community, 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State, Missouri (b) County, Monroe 064
(c) City or town, Duncan Bridge 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AMBY. DUVALL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED
6. (b) Name of husband or wife, EVA. DUVALL 6. (c) Age of husband or wife if alive, 67 years
7. Birth date of deceased, Feb 6 - 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 11 If less than one day hr. _____ min. _____

9. Birthplace, Carroll Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation, Merchant

11. Industry or business _____

12. Name, Henry C. Duvall
13. Birthplace, Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name, Nancy J. Jones
15. Birthplace, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant, EVA. DUVALL

(b) Address, DUNCAN BRIDGE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof, Oct 20-1943
(Month) (Day) (Year)

(c) Place: burial or cremation, OAK GROVE

18. (a) Signature of funeral director, William B. Baskin

(b) Address, Clarence R. Woodlawn

19. (a) NOV. 3-43 (Date received local registrar) (b) Otis Hedberg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1943 hour 10 minute P M.
21. I hereby certify that I attended the deceased from Oct 16 to Oct 23 1943
that I last saw him alive on Oct 16 and that death occurred on the date and hour stated above.

Immediate cause of death, Sarcoma of left leg
Duration 2 yrs

Due to _____
Due to 55
Other conditions, (Include pregnancy within 3 months of death) _____

Major findings: Sarcoma of left leg
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?

While at work? _____ (Specify type of place) (e) Means of injury, MO
23. Signature, D. L. Harlan (M. D. or other)
Address, Clarence Date signed 24

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-43-1756

Date Filed NOV 5 1943

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. 3835

P. O. Address Shelburne, 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.