

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4560

FILED FEB 13 1944

Primary Registration District No. 3072

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
462 West Boyd  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 55 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97  
(c) City or town Marshall 1  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 462 West Boyd  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Andrew Jackson 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 Sara Ann Hays 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 8 1853  
(Month) (Day) (Year)

8. AGE: Years 91 Months 0 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Owenton Ky. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

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

12. Name Edward L. Duvall

13. Birthplace Unknown Unknown 1  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy C. Duvall

15. Birthplace Unknown Unknown 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Britenstein

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 1/23/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Laebic

(b) Address Marshall, Mo.

19. (a) Jan 22-44 (b) Mrs. J. O. Westwood  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22  
year 1944 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from July 28, 1942, to Jan 20, 1944  
that I last saw him alive on Jan 20, 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Senility

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 162 f  
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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Marshall Mo. Date signed 1-22-44

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

7  
1  
2

1215

RECEIVED

District Health Officer No. 8,

Request File Number

Date filed

2-9-44

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. Lillian Surrency*

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.