S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7066

State File No. .....

Registration District No. 109 Primary Registration District No. 4180 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — In this community Most of Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35
(c) City or town Campbell (If outside city or town limits, write "RURAL") 0
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME Mary Frances (Mollie) Duckett

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Louis F. Duckett

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased August (Month) 2 (Day) 1869 (Year)

8. AGE: Years 74 Months 5 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housework

11. Industry or business —

MOTHER FATHER

12. Name J. Standridge

13. Birthplace — (City, town, or county) Kentucky (State or foreign country)

14. Maiden name Mary Tucker

15. Birthplace — (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Louis Duckett
(b) Address Campbell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Landers Funeral Home
(b) Address Campbell Missouri

19. (a) 2-1-1944 (Date received local registrar) (b) Mrs. L. P. Oliver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1 year 1944 hour — minute 5:00 P.M.

21. I hereby certify that I attended the deceased from Jan. 4 1944 to Jan. 31 1944 that I last saw him alive on Jan. 31 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bi-lateral Pleuro-Pneumonia	6 days
Due to Influenza	21 days
Due to	
Other conditions (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)
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature W. F. Rutledge (M. D. or other) M.D.
Address Campbell, Mo. Date signed 2/1/44

11 52

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 344-439
Date Filed 3-9-44

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.