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43
39
35397

FILED JUN 12 1944

Primary Registration District No. 6022

Registrar's No. 34

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Richmond
(If not in hospital or institution, write street number or location) Ray
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 87
(a) State Missouri (b) County Ray
(c) City or town Richmond 4.M.N.West
(If outside city or town limits, write "RURAL") 0
(d) Street No. Rural (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Mary Ellen Duffett
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9
year 1944 hour 7 minute 20 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry E. Duffett 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March 15. 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct - 1943
_____ 19 _____ to May 8 19 44
that I last saw her alive on May 8 19 44
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>1</u>	<u>26</u>	hr. _____ min. _____

Immediate cause of death
Cerebral hemorrhage

9. Birthplace Dennis Kansas
(City, town, or county) (State or foreign country)

Due to Chronic myocarditis

10. Usual occupation House Wife

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____
12. Name Nicholes Decker
13. Birthplace Unknown - Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Benton S. Duffett
(b) Address Kansas City, Mo.
17. (a) Burial (b) Date thereof May 11. 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richmond, Mo.

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 _____

18. (a) Signature of funeral director [Signature]
(b) Address Richmond, Mo.
19. (a) 7044 (b) Mrs. Charles W. Sheppard
(Date received local registrar) (Registrar's signature)

23. Signature E. E. Gray (M. D. or other Med.)
Address Richmond, Mo. Date signed 5-11-44

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

1280

RECEIVED

District Health Officer - Mo. &
District File Number

Date Filed 6-20-44

JUN 22 1944

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

E. Therman

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.