S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22730

FILED JUL 29 1946

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 840

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 302 So. 20th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community: 41 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 302 So. 20 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Franklin Blair DuCoing
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Otie DuCoing
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: June (Month) 8 (Day) 1870 (Year)

8. AGE: Years 76 Months 1 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace: Clinton Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Piano Tuner
11. Industry or business: Piano T...

FATHER
12. Name: John DuCoing
13. Birthplace: Philadelphia (City, town, or county) Pa. (State or foreign country)

MOTHER
14. Maiden name: Martha Vaughn
15. Birthplace: Plattsburg, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Wm. A. DuCoing
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 24, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Archland Cemetery
18. (a) Signature of funeral director: Heaton Begley Bowman
(b) Address: St. Joseph, Mo.
19. (a) July 25, 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1946 hour 9 minute A. M.
21. I hereby certify that I attended the deceased from June 11, 1946, to July 22, 1946, that I last saw him alive on July 22, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	
Due to: Thrombo phlebitis	3 weeks
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
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): No
(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: E. Handler M.D. (M. D. or other)
Address: Physicians & Surgeons Building, St. Joseph Mo. Date signed: July 23/46

34 (Licensed Embalmer's Statement on Reverse Side)

APR 10 1947

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St Joseph, 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.