

1. PLACE OF DEATH:

(a) County Grundy  
(b) City or town Trenton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all her life (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy  
(c) City or town Trenton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1919 Pleasant Plain  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

MRS. ETITH DUNCAN

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

4. Sex FEMALE

5. Color or race White

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

(b) Name of husband or wife Geo. Duncan

(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: FEB. (Month)

27 (Day)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1  
year 46 hour 4 minute 8 M.

21. I hereby certify that I attended the deceased from Nov 1  
1946 to Nov 1 1946  
that I last saw him alive on Nov 1  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis  
Due to Arterio Sclerosis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 41 Months 8 Days 4  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Wife

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

12. Name ALBERT CLIFTON D

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

14. Maiden name FRANCES HELEN DANFELSON

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

16. (a) Informant Geo. DUNCAN

(b) Address 1919 PLEASANT PLAIN Trenton

17. (a) Burial (b) Date thereof 11 3 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STUCKER CEM. LOREDO, MO

18. (a) Signature of funeral director Chas. Dejean

(b) Address Trenton Mo.

19. (a) 11/3/46 (b) Jrene Jarr  
(Date received local registrar) (Registrar's signature)

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

Major findings: 947  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

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 11

23. Signature E. A. Duffly (M. D. \_\_\_\_\_)  
Address Trenton Mo Date signed 11/2

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

11-13-46

3333

115

FEB 19 1947

NOV 20 1946

**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

*Charles D. Simpson*

Licensed Embalmer No.

3109

P. O. Address

Trouton 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.**