

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41734**

**FILED JAN 13 1947**  
Registration District No. **276**

Primary Registration District No. **444**

Registrar's No. **37**

**1. PLACE OF DEATH:**  
 (a) County Ray  
 (b) City or town Camden, Mo.  
(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 None  
(Specify whether years, months or days)  
 In this community 77 Years  
years, months or days

**3. (a) PRINT FULL NAME** Nora B. Duncan  
 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 Doris A. Duncan  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased February 14, 1870  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
76 10 6 hr. min.

9. Birthplace Ray County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

**MOTHER FATHER**  
 12. Name William Cook  
 13. Birthplace Ray County, Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Milda King  
 15. Birthplace Ray County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Doris A. Duncan  
 (b) Address Camden, Mo.

17. (a) Burial (b) Date thereof 12/22/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Craven Cemetery

18. (a) Signature of funeral director Quest-Lile F. Home  
 (b) Address Richmond, Mo.

19. (a) 12/26/46 (b) Nelen J. Larkin  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Ray  
 (c) City or town Camden, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 20  
 year 1946 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from 12-10-46, 19  , to 12-20-46, 19  ;  
 that I last saw her alive on 12-19-46, 19  ;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia  
 Due to Influenza

Duration  
1 wk  
10 ds

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

Other conditions 33A  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) (c) Means of injury  
 23. Signature Jos J. Larkin (M. D. or D.V.M.)  
 Address Richmond, Mo. Date signed 12-23-46

40546  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-11-47

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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 John J. [Signature]

Licensed Embalmer No. 4096

P. O. Address Richmond, Va.

**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.