

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 1 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7758**
Registration District No. **5** Primary Registration District No. **4016** Registrar's No. **6**

1. PLACE OF DEATH:
(a) County **Atchison**
(b) City or town **Tarkio**
(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 **50 yrs** (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME **ETTA MADRID DUNCAN**
(b) If veteran, name war **--**
(c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **11** year **1947** hour **12** minute **50 p.** M.

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **mar /**
6. (b) Name of husband or wife **Chas H. Duncan**
6. (c) Age of husband or wife if alive **85** years
7. Birth date of deceased: **January 10 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct - 22 - 1946** to **March - 11 - 1947**; that I last saw her alive on **March - 9 - 1947**; and that death occurred on the date and hour stated above.

8. AGE: Years **79** Months **2** Days **1**
If less than one day hr. min.

Immediate cause of death **Carcinoma of Rectum** Duration **3 yrs**

9. Birthplace **Iowa** (City, town, or county) (State or foreign country)

Due to **Complicated with consumption 6 months**

10. Usual occupation **at home**

Due to
Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

MOTHER {
FATHER {
12. Name **unknown Bolton**
13. Birthplace **unknown** (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 **H&D**
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Olin Leap**
(b) Address **Tarkio, Mo.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **3/13/47** (Month) (Day) (Year)

(c) Place: burial or cremation **Tarkio Home Cemetery**

18. (a) Signature of funeral director **Davis Funeral Home**
(b) Address **Tarkio, Mo.**

19. (a) **Mar 14 - 47** (Date received local registrar)
(b) **Mr. H. D. Cunningham** (Registrar's signature)

(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
23. Signature **J. M. Davis** (M. D. or other) **3/12/47**
Address **Tarkio, Mo.** Date signed

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

J. M. Davis

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.