

FILED APR 10 1947

Registration District No. **107**

Primary Registration District No. **5423**

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

1. PLACE OF DEATH:
 (a) County **Dunklin**
 (b) City or town **Senath Route # 1**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **30 yrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Dunklin**
 (c) City or town **Senath**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Rte. # 1**
(If rural, give location)
 (e) Citizen of foreign country? **(Yes or No)**
 If yes, name country _____

3. (a) PRINT FULL NAME **James Monroe Duffel**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **3** day **10**
 year **1947** hour **5** minute **40 A.M.**
21. I hereby certify that I attended the deceased from **3-20-47**
 _____, 19____, to **3-10**, 19**47**
 that I last saw him alive on **3-2-**, 19**47**
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widower**
 6. (b) Name of husband or wife **Virginia Duffel**
 6. (c) Age of husband or wife if alive **Deceased** years
 7. Birth date of deceased **January 21 1864**
(Month) (Day) (Year)

Immediate cause of death **Pneumonia Lobar**
 Due to _____
 Due to _____
 Other conditions **108**
(Include pregnancy within 3 months of death)

8. AGE: Years **83** Months **1** Days **21**
 If less than one day _____ hr. _____ min.

9. Birthplace: **Rector Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Farmer**

11. Industry or business: _____

12. Name: **Tom Duffel**

13. Birthplace: **Arkansas**
(City, town, or county) (State or foreign country)

14. Maiden name: **Unknown**

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

16. (a) Informant: **E.M. Duffel**

(b) Address: **Senath Rte. # 1**

17. (a) Burial (b) Date thereof **3/11/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Piggott, Ark.**

18. (a) Signature of funeral director: **Randal L. Mitchell**

(b) Address: **Paragould, Ark.**

19. (a) 4-2-1947 (b) **Mr. J. N. Lanier**
(Date received local registrar) (Registrar's signature)

Major findings: _____
 Of operations _____
 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) _____
 (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)
 (a) Means of injury **0**
23. Signature: **M. C. Glasgow** (M. D. or other)
 Address **Cardwell, Mo.** Date signed **3-10-47**

RECEIVED
District Health Office No. 3.
District File Number 447-507
Date Filed 7-8-47

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 Richard Mitchell

Licensed Embalmer No. 703

P.O. Address Paragould, Ark.

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.