

FILED JUL 12 1947

Registration District No. 3 24

Primary Registration District No. 3 072

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo. #4
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community All Her Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Marshall 0
(If outside city or town limits, write "RURAL")
(d) Street No. # 4 Rural 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ida Cornelia 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 Widowed

6. (b) Name of husband or wife Nathaniel L. Duncan 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased 12 - 18 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Napton Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business !!!

12. Name Samuel H. Green

13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Mildre Peterson

15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Claybourne Duncan

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 6/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director: J. Leslie Sweeney

(b) Address Marshall, Mo.

19. (a) June 23, 1947 (b) Edney D. Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1947 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 16, 1947, to June 22, 1947, that I last saw her alive on June 22, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma - Ovary - Liver,

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 Edney D. Gray (M. D. or other) 0

Address Marshall, Mo. Date signed 6-23-47

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

4-47
2020

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-10-47

JUL 14 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 J. Leslie Sumner

Licensed Embalmer No. 32350

P. O. Address Marshall, 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.