

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

28142

FILED SEP 3 1947
Registration District No.

Primary Registration District No.

55-82

Registrar's No.

187

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town rural -- Jackson township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Route 4, Carthage
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MIRA DUKE

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Noah Duke 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased August 12 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 0 13 hr. min.

9. Birthplace Wright County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired housewife

11. Industry or business

12. Name William Hutsell
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Miksell
(b) Address Route 1, Diamond, Mo.

17. (a) burial (b) Date thereof Aug 29, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stoney Point Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.

19. (a) 8-29-47 (b) R. S. Clinton
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4, Carthage
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1947 hour 7 minute 25 a.m.

21. I hereby certify that I attended the deceased from July 22 1947 to Aug 25 1947
that I last saw him alive on Aug 20 1947
and that death occurred on the date and hour stated above. Duration

Immediate cause of death Chronic Myocarditis
arterio sclerosis

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) (e) Means of injury

23. Signature R. S. Clinton (M. D. or other)
Carthage, Mo. Date signed Aug 27

Address

24. Signature

25. Signature

26. Signature

27. Signature

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

MOTHER FATHER

PHYSICIAN

Underline the cause of death which should be charged statistically.

47-8-712

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..... *Frank W. Kneel Jr*
Licensed Embalmer No..... *4440*
P. O. Address..... *Carthage*

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.