

S. No. 2
M-5-43
v. 5-17-39
I X38671

FILED NOV 8 1947
Registration District No. **49**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether years, months or days)

In this community **3 weeks**

3. (a) PRINT FULL NAME **MILLARD JACOB DUNCAN**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Jane Worden Duncan**

6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **March 20, 1875**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	6	29	hr. min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business **same**

MOTHER FATHER {

12. Name **William Duncan**

13. Birthplace **Johnson County, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Tryan**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jane W. Duncan**

(b) Address **Holden, Missouri**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **10/21/47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Duncan Cemetery Holden**

18. (a) Signature of funeral director **Canaday & Ropp**

(b) Address **Holden, Missouri**

19. (a) **10-28-47** (Date received local registrar)

Sheraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson** **51**

(c) City or town **Holden** **1**
(If outside city or town limits, write "RURAL")

(d) Street No. **North Main Street** **0**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **XXXX**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **19**
year **1947** hour **12/15** minute **A** M.

21. I hereby certify that I attended the deceased from **4/7**
1947 to **10/19** **1947**
that I last saw him alive on **10/18** **1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary metastatic Carcinoma**

Due to **Carcinoma prostate**

Duration **Weeks**
Months

Other conditions **518**
(Include pregnancy within 3 months of death)

Major findings: **same as above**

Of operations: **same as above**

Of autopsy: **same as above**

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? **no**

While at work (Specify type of place) (e) Means of injury **0**

23. Signature **William F. Duncan** (M. D. or other)

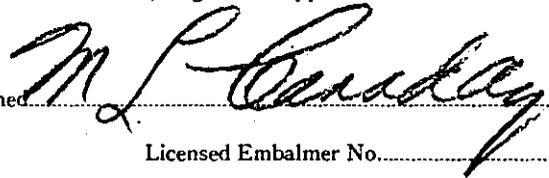
Address **820 Professional Bldg** Date signed **10/28/47**

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.....



Licensed Embalmer No.....

P. O. Address.....

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.