

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8677  
Registrar's No. 1156

Registration District No. 149 Primary Registration District No. 1002

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 11 Days (Specify whether  
in this community 30 years years, months or days)

3. (a) PRINT FULL NAME Frank Riley Duckworth  
3. (b) If veteran, name war No 3. (c) Social Security No. 495-10-9666A

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife Mabel Lee Duckworth 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased June 22 1882  
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation Interior Decorator & Painter

11. Industry or business

MOTHER FATHER { 12. Name John W. Duckworth  
13. Birthplace KY  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Hamilton  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel Lee Duckworth  
(b) Address 416 East 41st Kansas City Mo;

17. (a) Burial (b) Date thereof March 17-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Mrs. C. L. Forster  
(b) Address 918 Brooklyn

19. (a) 3-15-48 (b) Seraldine Holme  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 416 East 41st  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th  
year 1948 hour minute M.  
21. I hereby certify that I attended the deceased from March 3,  
1948 to March 14, 1948;  
that I last saw him alive on March 14, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Recto-sigmoid  
nephritis  
myocarditis  
passive congestion liver  
effusion pleural cavity  
Duration  
Due to  
Due to  
Other conditions (Include pregnancy within 6 months of death)  
Major findings: Of operative  
Of autopsy Same  
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) (b) Means of injury  
23. Signature J. S. Montgomery (M. D. certifier)  
Address 1632 Prof. Bldg. Date signed 3-15-

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

4  
3  
8  
0

Prof - 1859 -  
Ha 1414 -  
2:30 Pm

**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 Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address F. E. 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.**