

U. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

Revised 9220

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 27 1948

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 7

1. PLACE OF DEATH?

(a) County Johnson  
(b) City or town Halden  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo Pacific Station 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Halden mo 51  
(If outside city or town limits, write "RURAL")  
(d) Street No. East 4th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or-No)  
If yes, name country ✓

3. (a) PRINT FULL NAME LEWIS ALBERT DUVAL

3. (b) If veteran, name war None  
3. (c) Social Security No. 311-21-5614

4. Sex MALE 5. Color or race white  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Duval  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased: November 4 1891  
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 8  
If less than one day hr. min.

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

10. Usual occupation R.R. Station Agent

11. Industry or business Same

12. Name Edward Duval  
13. Birthplace Missouri 9  
(City, town, or county) (State or foreign country)

14. Maiden name Missouri  
15. Birthplace Missouri 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Duval  
(b) Address Halden, mo

17. (a) Burial (b) Date thereof March 18 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation W. Plata Mo

18. (c) Signature of funeral director Carney & Kopp  
(b) Address Halden Mo

19. (a) March 22 1948 (b) Mr. H. B. Redford  
(Date received local registrar) (Registrar's signature) 120

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
year 1948 hour 11:50 minute A M.

21. I hereby certify that I attended the deceased from January 21, 1948, to March 12, 1948  
that I last saw him alive on March 12, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A  
Of autopsy.....

Duration

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) (e) Means of injury 0

23. Signature Kelly Rawlin (M. D. or other) 0  
Address Halden Mo Date signed 3/18/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

MAY 4 1946

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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..... *Samuel B Popop*  
Licensed Embalmer No..... *4044*  
P. O. Address..... *Holden Md*

**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.**