No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22025

Registration District No. 1 | Primary Registration District No. 3000 | Registrar's No. 189

1. PLACE OF DEATH:

(a) County: Adair

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

(c) Name of hospital or institution: Grim-Smith Memorial Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22da. 1hr. 55min. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Schuyler

(c) City or town: Lancaster (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Arthur Dee Duckworth

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife

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

7. Birth date of deceased: Jan. (Month) 2 (Day) 1868 (Year)

8. AGE: Years 80 Months 5 Days 11 If less than one day hr. min.

9. Birthplace: Davis County (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: Filling Station

11. Industry or business: Self

FATHER
12. Name: Enoch Duckworth
13. Birthplace: Inidina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Nancy Hopkins
15. Birthplace: Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: Harry Duckworth
(b) Address: Memphis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director: Purcell Fenton
(b) Address: Lancaster, Mo.

19. (a) 7-18-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1948 hour 6:55 minute am M.

21. I hereby certify that I attended the deceased from June 21, 1948, to July 13, 1948; that I last saw him alive on 7-13, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Embolism	Duration: 10 min
Due to: Suprapubic Prostatectomy 8 days before	
Due to: Prostatic hypertrophy	7 wk several years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work? (f) Means of injury

23. Signature: George E. Grim (M. D. or other) MD

Address: Kirksville, Mo. Date signed 7-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-48-1706
Date Filed JUL 20 1948

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 Purcell Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster, 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.