M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 28 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29083

Registration District No. 53 — Primary Registration District No. 3010 — Registrar's No. 283

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau ~~Smelterville~~ R.F.D. #2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 3 months 16 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau 16
(c) City or town Cape Girardeau 14
(If outside city or town limits, write "RURAL")
(d) Street No. Smelterville 8
(If rural, give location)
(e) Citizen of foreign country? ~~(Yes~~ or No)
If yes, name country

3. (a) PRINT FULL NAME Roy James Duncan
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male D
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 27th (Day) 1948 (Year)

8. AGE: Years	Months	Days	If less than one day
0	3	16	hr. min.

9. Birthplace Cape Girardeau (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Duncan
15. Birthplace Green Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Sarah Duncan
(b) Address Cape Girardeau, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Fairmont Cemetery
18. (a) Signature of funeral director L. L. Hanan
(b) Address Cape Girardeau, Missouri.
19. (a) 9-21-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th year 1948 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from 9 Sept 1948 to 12 Sept 1948; that I last saw him alive on 11 Sept 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diarrhea	? 3 MO
Due to	
Due to	
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? — (e) Means of injury —
23. Signature J A Kinley (M. D. or other) M.D.
Address Cape Girardeau, Mo. Date signed 14 Sept 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 948-121

Date Filed 9-27-48

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 Body was not embalmed, Registered Apprentice No. , working under my personal supervision.

Signed William Lee Townes

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau 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.