

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **23366**

FILED AUG 12 1949

Registrar's No. **3230**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>3230</b>		
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City</b> )		c. LENGTH OF STAY (in this place) <b>36 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>1010 W. 16 Terr.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>								
3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b>			b. (Middle) <b>W.</b>		c. (Last) <b>Duckworth</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 24 1949</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>March 20, 1899</b>		9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>warehouse foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K. C. Warehouse Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Tenn. /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		
13a. FATHER'S NAME <b>Robert L. Duckworth</b>			13b. MOTHER'S MAIDEN NAME <b>Susan K. Cranmore</b>		14. NAME OF HUSBAND OR WIFE <b>Ethel Duckworth</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>494-16-5975</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Frank Duckworth</b> ADDRESS <b>806 W. 14th.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Primary carcinoma of liver</b>						INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>155X</b>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>July 9, 1949</b> , to <b>July 24, 1949</b> , that I last saw the deceased alive on <b>July 24, 1949</b> , and that death occurred at <b>8 P. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Wm. W. Hart</b> (Degree or title)				23b. ADDRESS <b>Med. Dir. Gen'l Hosp.</b>		23c. DATE SIGNED <b>7-25-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-27-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>7-26-49</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Earp &amp; Sons Funeral Home</b> ADDRESS <b>K. C. Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Pappan*

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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.....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed

*John B. Pappan*  
.....  
Licensed Embalmer No. *99555*  
.....  
P. O. Address *K.C.*  
.....

**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.