

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3812

State File No. _____

FILED FEB 7 1946

Registration District No. 296

Primary Registration District No. 4444

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Camden
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis and Richmond
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray
 (c) City or town Camden
 (If outside city or town limits, write "RURAL")
 (d) Street No. Street not named
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lester (n) Duncan
 3. (b) If veteran, name war None
 3. (c) Social Security No. 486-03-6931

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 24
 year 1945 hour 11:30 minute _____ P.M.

4. Sex Male 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 _____
 7. Birth date of deceased: October 3 1895
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 24 1945 to Dec 24 1945
 that I last saw him alive on Dec 24 1945
 and that death occurred on the date and hour stated above.

8. AGE: Years 49 Months 2 Days 21
 If less than one day hr. _____ min. _____

Immediate cause of death:
Pulmonary TB
 Due to _____
 Due to _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

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

10. Usual occupation Miner
 11. Industry or business Mining
 12. Name William Thomas Duncan
 13. Birthplace Ray County Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Jane Williams
 15. Birthplace Ray
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Wiley Duncan
 (b) Address Camden, Missouri
 17. (a) Burial (b) Date thereof Dec. 27, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation South Point Cem. Quest-Life Funeral Home
 18. (a) Signature of funeral director _____
 (b) Address Richmond, Missouri
 19. (a) Jan 7-1946 (b) Helen J. Larkin
 (Date received local registrar) (Registrar's signature)

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, or in industrial place, in public place?
 While at work _____ (Specify type of place) (e) Means of injury _____
 23. Signature B. G. Fay (M. D. or other) MD
 Address Richmond Date 12-27-45

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

100814

89
100

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

2-6-76

SEP 17 1946

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 _____

Licensed Embalmer No. *4066*

P. O. Address *Richmond, Missouri*

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.