

No. 2
-13-40
-17-39
X 2312

Registration District No. 632

Primary Registration District No. 4382

State File No. _____

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Oregon

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
years, months or days)

In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

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

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Wesley Plucker Durst

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 Widowed

6. (b) Name of husband or wife Isora Durst 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 17 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 0 If less than one day
hr. _____ min.

9. Birthplace Grantsville Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business _____

12. Name Michael Durst

13. Birthplace Maryland
(City, town, or county) (State or foreign country)

14. Maiden name Julia Yeast

15. Birthplace Penna.
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret LeHew

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waukoee, Minn.

18. (a) Signature of funeral director _____

(b) Address Thayer, Mo.

19. (a) Feb 5-1941 (b) Lola E. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1941 hour 1:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from Jan 14
_____, 1941, to Jan 17, 1941.
that I last saw him alive on Jan 16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Myocarditis Duration 2 yr

Due to _____

Due to _____

Other conditions Influenza
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

513 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Lola E. Johnson (M. D. or other) 0

Address Thayer Mo Date signed Jan 18 41

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

75
1
0

75
1
0

RECEIVED

District Health Officer No. 5,

District File Number 241215

Date Filed

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.....

P. O. Address.....

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.