

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
203 W Arch St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community Six months  
years, months or days

3. (a) PRINT FULL NAME Edwina Durham

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife B.T. Durham 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 11, 1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Natchitoches, Louisiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Alex Garsa  
13. Birthplace Madrid, Spain  
(City, town, or county) (State or foreign country)  
14. Maiden name Rachel Crepach  
15. Birthplace Natchitoches, Louisiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs May Weeks  
(b) Address Nevada, Mo.

17. (a) Removal (b) Date thereof 12 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Alexandria, La.

18. (a) Signature of funeral director Tony Turner, Horn  
(b) Address Nevada Mo

19. (a) 1-12-41 (b) Allen C. Hays  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 203 W Arch  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan, day 12<sup>th</sup>  
year 1941 hour 6 minute 50 A M.

21. I hereby certify that I attended the deceased from Jan 6, 1941, to Jan 12, 1941;  
that I last saw her alive on Jan 12, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to Arteriosclerosis

Other conditions 82  
(Include pregnancy within 3 months of death)

Major findings Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

6 da

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?  
795 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature PR King (M. D. or other) D  
Address Nevada, Mo Date signed 1-12-41

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

RECEIVED

District Health Officer No. 7,

District File Number 2-41-213

Date Filed 2-5-41

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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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Lloyd B. Winsett  
Licensed Embalmer No. 3857

P. O. Address Neada, 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, above space should be left blank.