

FILED MAR 17 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7385  
Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 448  
(b) Township Union Primary Registration District No. 6608 Registered No. 4  
(c) City Conway (d) Street No. 1 St.  
(e) Length of residence in city or town where death occurred life yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Margaret Susanne Durbin  
(a) Residence, No. Conway 2000 St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Charles Durbin (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1883

7. AGE YEARS 77 MONTHS 9 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. Home  
10. Date deceased last worked at this occupation (month and year) x 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY) 1

FATHER 13. NAME Burl Lawson

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 9

17. INFORMANT (ADDRESS) Miss George Cotton  
Richland, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Reed DATE February 27, 1941

19. FUNERAL DIRECTOR (NAME) Rev. Henry (ADDRESS) Marshall 210

20. FILED 2-7-41 Grace Rice Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 23, 1941

22. I HEREBY CERTIFY, That I attended deceased from 2-21, 1941 to 2-23, 1941

I last saw him alive on 2-22-1941. Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
High blood pressure  
Date of onset 2-21

Other contributory causes of importance: High blood pressure

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. W. Lindsay M. D.  
(Address) Conway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,  
District File Number 3-41-500  
Date Filed 3-10-41

**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. 3312

P. O. Address Marshfield, 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.**