

FILED JUL 11 1941

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No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 449

Primary Registration District No. 4267

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon
(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 _____ (Specify whether)
In this community lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Garrett James Durham

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased January 3 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 5 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Pete Durham

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

14. Maiden name Lucille Gillmore

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

16. (a) Informant Pete Durham
(b) Address Lebanon, Missouri

17. (a) Burial (b) Date thereof 6-28-41
(Burial, cremation, or re-oval) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn Richland

18. (a) Signature of funeral director R. S. [unclear]

(b) Address Richland, Missouri

19. (a) 6-30-41 (b) J. M. [unclear]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 26
year 1941 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 41 1941 to 6-26 1941

that I last saw him alive on 6-26 1941 and that death occurred on the date and hour stated above.

Immediate cause of death acute enterocolitis Duration _____

Due to _____

Due to _____

Other conditions (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? _____

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

23. Signature [unclear] (M. D. or other) _____

Address Lebanon, Mo Date signed 6-26-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1156

Date Filed 7-10-41

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.....

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.