No. 2
-5-42
-17-39
X328

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32124

FILED OCT-11-1943

Registration District No. 213 Primary Registration District No. 5781 Registrar's No. 83

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

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Ulman [illegible]
(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 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Miller
(c) City or town Ulman
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWARD MARSHALL DURNHAM

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 Elizabeth Reed
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 8 (Day) 1866 (Year)

8. AGE: Years 76 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Galatia (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Lindsey Durnham
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Snead
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Grace Kellner
(b) Address Ulman, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation Ulman, Mo

18. (a) Signature of funeral director C. L. Casey
(b) Address Iberia Mo

19. (a) 8/20/43 (Date received local registrar) (b) C R Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9
year 1943 hour 5 minute 5 p M.

21. I hereby certify that I attended the deceased from Jan 1943, to Aug 1943
that I last saw him alive on June 5 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	years
Due to Chronic Nephritis	year
Arteriosclerosis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131 p

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

23. Signature M. E. Humphreys (M. D. or other) D.O.
Address Tuscumbia, Mo. Date signed 8-16-43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 43-71
Date Filed 10-5-43

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 C L Casey

Licensed Embalmer No. 2694

P. O. Address Iberia, 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, fact should be so stated above.