

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34577

Registrar's No. 69

FILED NOV 12 1943

Registration District No. 2-100

Primary Registration District No. 5413

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

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Rural Walls
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Alfred F. Durham

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susan Durham 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased January 4 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 16 hr. min.

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

10. Usual occupation Retired Merchant and Postmaster

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Lillie Worthey

(b) Address Wassala Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-43
(Month) (Day) (Year)

(c) Place: burial or cremation Girdner

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 10-1-43 (Date received local registrar) (b) Mr. J. R. Spurlock (Registrar's signature) deputy

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1943 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 19 1943 to Sept 22 1943
that I last saw him alive on June 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Result of Paralytic Stroke

Due to arterial hypertension

Due to arteriosclerosis

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

Major findings: Of operations _____
Of autopsy _____

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? _____

23. Signature R M Noneman (M. D. or other) pod md
Address _____ Date signed 9/25/43

Duration of attack 3 months

Don't know

ll

PHYSICIAN

Underline the cause to which death should be charged statistically.

1056

RECEIVED

District Health Officer No. 6

District File Number 1043-1188

Date Filed OCT 28 1943

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 *W.B. Hutchinson*

Licensed Embalmer No. 3431

P. O. Address *Wra med*

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.