

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3812

State File No. _____

FILED DEC 4 1943

Registration District No. 101

Primary Registration District No. 5404 4173

Registrar's No. 73

1. PLACE OF DEATH:

(a) County... Douglas

(b) City or town... Ava Finley

(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 Ressie May Duren

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

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mack Duren 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased December 13 1891 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	8	28	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Frank Foster

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

14. Maiden name Attie Franch

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

16. (a) Informant Mack Duren (b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 9-14-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huffman

18. (a) Signature of funeral director Clinkingbeard Funeral (b) Address Ave, Missouri

19. (a) 11-1-43 (b) Mrs. J. P. Spurbel (Date received local registrar) (Registrar's signature) deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town... Ava Rural 0

(d) Street No. _____ Route _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11 year 1943 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Corioid Failure

Due to: Hypertension ?

Due to: Chronic glomerulonephritis ?

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

Major findings: Of operations: 131h

Of autopsy: _____

Duration

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? _____

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

23. Signature M.C. Gentry (M. D. _____) Address Ava Date signed 10-6-43

1056 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 1143-1229

Date Filed NOV 20 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. Hutchison*

Licensed Embalmer No. 3481

P. O. Address..... *Oran MD*

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.