. No. 2
—9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8654

State File No.

Registration District No. 373

Primary Registration District No. 4545

Registrar's No. 9

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Marshfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether
In this community 80 years
years, months or days)

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

3. (a) PRINT FULL NAME Charles Tobias Durbin

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced x

6. (b) Name of husband or wife Margaret Durbin

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

7. Birth date of deceased May (Month) - 29 (Day) - 1859 (Year)

8. AGE: Years 84 Months 8 Days 1 If less than one day x hr. x min.

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

10. Usual occupation Railroad employee

11. Industry or business Railroad

FATHER
12. Name Christopher Durbin
13. Birthplace Marys County, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Shoshley
15. Birthplace Marys County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant George Durbin
(b) Address Marshfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Reed, Conway Mo

18. (a) Signature of funeral director Ross Lanning
(b) Address Marshfield, Missouri

19. (a) Feb 2-44 (Date received local registrar) (b) Charlotte Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30
year 1944 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 13 1944 to January 30 1944
that I last saw him alive on January 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Insufficiency	Years
Generalized Arteriosclerosis, Advanced	Years
Due to Influenza	11/15/44
and Secondary Bronchitis	
Due to	
Other conditions Senile Dementia (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. P. Macdonald (M. D. or other) MD
Address Marshfield, Mo. Date signed 1/30/44

1344 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 244-251
Date Filed FEB 15 1944

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 Lex Racing

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, fact should be so stated above.