

No. 2
-5-43
5-17-39
I X38671

FILED APR 12 1944

Registration District No. 13

Primary Registration District No. 3028

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 803 Case
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years
In this community 5 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 803 Case
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1944 hour 2:15 minute am
21. I hereby certify that I attended the deceased from Dec 10, 1943 to March 26, 1944
that I last saw him alive on March 24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis
Due to: Pain of Throat
Duration

Other conditions: 458
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ---
Of autopsy: ---
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Joseph Francis Durbin

3. (b) If veteran, name war No 3. (c) Social Security No. 500-05-6848

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

6. (b) Name of husband or wife Mary Durbin 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased November 22 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 4 If less than one day --- hr. --- min.

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

10. Usual occupation Grocer

11. Industry or business ---

12. Name William F. Durbin

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

14. Maiden name Matilda Manning

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

16. (a) Informant Mrs. Jos. F. Durbin

(b) Address 803 Case, Carthage, Mo.

17. (a) Burial (b) Date thereof Mar. 29, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri

19. (a) Mar. 27 1944 (b) E. Elizabeth Compton
(Date received local registrar) (Registrar's signature)

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 J. E. Baker (M. D. ---)

Address Carthage, Mo. Date signed 3-27-44

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

MOTHER FATHER

1203

44-3-281

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.....

Emmal Stuebel

Licensed Embalmer No.....

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P. O. Address.....

Carthage

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.