S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13642

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1773

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-19-44 To 4-21-44 (Specify whether
In this community 2 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry Co.
(c) City or town Montrose - Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Box 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ------ /

3. (a) PRINT FULL NAME Lilly Rose Durrett
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased Oct. (Month) 24 (Day) 1942 (Year)

8. AGE: Years 1 Months 5 Days ~~29~~ 27 If less than one day hr. min.

9. Birthplace APPLETON CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation CHILD
11. Industry or business ------
FATHER
12. Name Monty W Durrett
13. Birthplace BATES COUNTY (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name Ethel Du ALLEN
15. Birthplace MONTROSE (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MR. MONTY W. DURRETT
(b) Address BOX #3 - MONTROSE MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 21 1944 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MONTROSE, MISSOURI
18. (a) Signature of funeral director D.H. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 4-22-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st year 1944 hour 7 30 minute A M.
21. I hereby certify that I attended the deceased from April 19, 1944 to April 21, 1944 that I last saw her alive on April 21, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Bronchopneumonia	3 dys.
Due to Post Red Measles - 1 wk.	
Due to	
Other conditions (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 H M Gilkey (M. D. ~~or other~~)
Address 1624 Prof Bldg. Date signed 4-21-44

(Licensed Embalmer's Statement on Reverse Side)

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 N C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C 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.