

FILED APR 20 1944

Registration District No. 16

Primary Registration District No. 5594

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL/MORNING
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST JOSEPH HILL INEIMARY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs - 23 days (Specify whether years, months or days)
In this community 2 yrs - 23 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANDREW DURING

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

4. Sex MALE 5. Color or race WHITE 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 11 - 22 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business AS ABOVE

MOTHER FATHER { 12. Name ANDREW DURING
13. Birthplace GEYMARY 4 (City, town, or county) (State or foreign country)
14. Maiden name MARY KEMPEL
15. Birthplace GEYMARY 4 (City, town, or county) (State or foreign country)

16. (a) Informant Brother Alfred D. H.

(b) Address St Josephs Hill, Eureka

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-1944 (Month) (Day) (Year)

(c) Place: burial or cremation ZION LUTHERAN CEM.

18. (a) Signature of funeral director John H. Brunner

(b) Address Home Springs Mo

19. (a) 3/15/44 (Date received local registrar) (b) J. A. Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1944 hour One minute 00 A. M.

21. I hereby certify that I attended the deceased from March 1st, 1944, to March 19, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92d

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? _____

While at work? _____ (Specify type of place) (2) Means of injury _____

23. Signature Jesse S. Sargent (M. D. owner)

Address Eureka, Mo. Date signed 3/14/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer. No. 9,

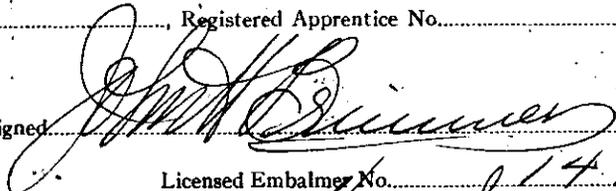
District File Number _____

Date Filed 4-18-44

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  _____

Licensed Embalmer No. 1470

P. O. Address Hoise Springs 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.