. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37758

FILED NOV 24 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 886

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfie ld (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 820 S. Broadway (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield (If outside city or town limits, write "RURAL")

(d) Street No. 820 S. Broadway (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

39 2 6

3. (a) PRINT FULL NAME Matilda Durbin

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased Feb. (Month) 22 (Day) 1860 (Year)

8. AGE: Years 84 Months 8 Days 16 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name UNK. Manning
13. Birthplace UNK. (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Georgia Smith

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) Nov. 9, 1944 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8 year 1944 hour 1:00 minute a. M.

21. I hereby certify that I attended the deceased from Oct 24, 1944 to Nov 9, 1944; that I last saw h. w alive on Nov 7, 1944, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency

Due to Old age

Due to

Other conditions (Include pregnancy within 3 months of death) 93

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James E. Ewing (M. D. or other)

Address Spfd., Mo. Date signed

984 (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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.