DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37982

Registration District No. 291 Primary Registration District No. 5996 4433 Registrar's No. 70

1. PLACE OF DEATH:

(a) County PUTNAM

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

(c) Name of hospital or institution: ✓ /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community LIFE TIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM 86

(c) City or town UNIONVILLE 1
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME MARY FRANCES DURBIN

3. (b) If veteran, name war ✓

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 CHARLES LESLIE DURBIN

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

7. Birth date of deceased July (Month) 5 (Day) 1865 (Year)

8. AGE: Years 81 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name JOHN WESLEY FORBES
13. Birthplace DON'T KNOW (City, town, or county) TEN (State or foreign country)

MOTHER
14. Maiden name MARTHA SPEAKS
15. Birthplace MONROE CO (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant N. L. Forbes

(b) Address UNIONVILLE MISSOURI

17. (a) Burial ~~Burial~~ ~~[illegible]~~ (Burial, cremation, or removal) (b) Date thereof 10 (Month) 28 (Day) 46 (Year)

(c) Place: burial or cremation MT. ~~[illegible]~~ HERMON CEMETERY

18. (a) Signature of funeral director Comstock Funeral Home

(b) Address UNIONVILLE, MO. By John N. Comstock

19. (a) 11-5-46 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 25 year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 24, 1946 to Oct. 25, 1946 that I last saw her alive on Oct 25, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemiplegia [illegible]	Oct 24
Due to [illegible]	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131A

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 21

23. Signature N. W. Gillman (M.D. or other) D.O.

Address Unionville Date signed Nov 2

266 (Licensed Embalmer's Statement on Reverse Side)

1786

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

RECEIVED
District Health Officer No.
File Number 46-2
District
Date Filed NOV 26 1946

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 John N Comstock

Licensed Embalmer No. 2891

P. O. Address Unionville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 291 Primary Registration District No. 4483 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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 Mary F. Durbin
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive Years
7. Birth date of deceased July (Month) 5 (Day) 1864 (Year)
8. AGE: Years 81 Months 3 Days 22 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housework
11. Industry or business "
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 11-5-46 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 5 year 1946 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death — Duration
Due to
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

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

37982