S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25023

Registration District No. 276 Primary Registration District No. 5947 Registrar's No. 47

1. PLACE OF DEATH:
(a) County: Phelps
(b) City or town: St. James, St James Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Soldiers Home Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 years (Specify whether years, months or days)
In this community: 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Phelps
(c) City or town: St. James (If outside city or town limits, write "RURAL")
(d) Street No.: Soldiers Home (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: KATHERINE M. Durney
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: W
6. (b) Name of husband or wife: Harry Durney
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb (Month) 26 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
74	5	3	hr. min.

9. Birthplace: Cleveland (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
12. Name (Father): Dont Know
13. Birthplace (Father): (City, town, or county) (State or foreign country)
14. Maiden name (Mother):
15. Birthplace (Mother): (City, town, or county) (State or foreign country)
16. (a) Informant: Soldiers Home Offic
(b) Address: St James Mo
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 7-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Washington Cem
18. (a) Signature of funeral director: Orel E. Lichlitter
(b) Address: St James Mo
19. (a) Date received local registrar: July 24 1947 (b) Clara E. Birmingham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 23 year 1947 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from Jan 31 1941 to July 23 1947 that I last saw her alive on July 23 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Embolism	2 days
Due to: Chronic Cerebral Sclerosis	10 yrs
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: W. Lloyd Stone (M. D. or other)
Address: St James Mo Date signed: 7/24/47

(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 ..... ML ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Cecil E. Lickliter

Licensed Embalmer No. 3546

P. O. Address St James 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.