FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 30 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26798

Primary Registration District No. 1000

Registrar's No. 1013

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 502 Ohio St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JOHN ~~DURKEN~~ Durkin
3. (b) If veteran, name war: None
3. (c) Social Security No.: 487-09-1211
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Fay
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: May (Month) 26, (Day) 1900 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	2	23	hr. min.

9. Birthplace: St. Joseph, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Clerk in Smoke House
11. Industry or business: Armour & Co.
12. Name: John Patrick ~~Durken~~ DURKIN
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Miller
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Fay ~~Durken~~ (wife) DURKIN
(b) Address: 502 Ohio St.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/22/47 (Month) (Day) (Year)
(c) Place: Burial or cremation: Memorial Park ~~Mt. Olivet Cemetery~~
18. (a) Signature of funeral director: John E. Kemp
(b) Address: 6054 Pryor Ave., City
19. (a) 8-25-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1947 hour 3 minute 00 P.M.
21. I hereby certify that I attended the deceased from 8/12, 1947 to 8/19, 1947 that I last saw him alive on 8/19, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Encephalitis	about 10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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: Thy Redmond (M. D. or other) M.D.
Address: St. Joseph, Mo. Date signed: 8/21/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Corr. By Aff. Feb. 24, 1948 Mo. Dept. of Health

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

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 Roland D. Clark Registered Apprentice No. 503 working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Buch. }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1013

On this 5 day of Feb, 1948, before me appears Fay Dunkin, who, upon her oath, states that the original record of ~~birth~~ death for John Dunkin, ~~born~~ died Aug 19, 1947, in the State of Missouri, and which was filed at St Joseph on 8-25, 1947, should be corrected as follows:

Item No. 3 a should read John Dunkin
Instead of John Dunken

Item No. 6 c should read 41 yrs
Instead of 43 yrs

Item No. 12 should read John Patrick Dunkin
Instead of " " Dunken

Item No. 16 a should read Fay Dunkin
Instead of " Dunken

Item No. 17 c should read Memorial Park Cemetery
Instead of Mt Olivet Cemetery

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Fay Dunkin Wife
Relationship.

25 22 So 11th
Present Address.

Subscribed and sworn to before me this 5 day of Feb, 1948.

My Commission Expires Apr. 24, 1949

My Commission expires ____ E. L. Jenkins Notary Public.

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