

S. No. 2  
DM-2-43  
v. 5-17-39  
X 35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41651

FILED DEC 26 1947

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5169

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Luke's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 10-21-47  
(Specify whether in this community \_\_\_\_\_ as above years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 80

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

(d) Street No. X  
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME Miss Sallie Durley

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 single

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

7. Birth date of deceased: September 6 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>3</u>	<u>2</u>	hr. _____ min. <u>0</u>

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

10. Usual occupation Farmer

11. Industry or business X

12. Name L. H. Durley

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Elia Ming

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. V. L. Cordry

(b) Address Hughesville, Missouri

17. (a) removal (b) Date thereof 12-8-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hughesville, Mo.

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-9-47 (b) Seraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8  
year 1947 hour 11:35 minute A.

21. I hereby certify that I attended the deceased from June 22  
1947 to Dec 8 1947  
that I last saw h. et alive on Dec 8 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Pulmonary Infarcts 6 Mo

Due to Thrombophlebitis h. Femoral 6 1/2 Mo

Due to \_\_\_\_\_

Other conditions Myocardial Infarct 6 Mo  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Same

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) (e) Means of injury \_\_\_\_\_

23. Signature M. A. Glenn (M. D. or other) \_\_\_\_\_  
Address Kansas City, Mo Date signed 12-8-47

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

*Handwritten signature*

FEB 17 1949

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22 NOV

Dr. Bohan

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 *[Handwritten Signature]*

Licensed Embalmer No. *4179*

P. O. Address *8. 2. 100.*

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.