FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 4 1948

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32227

Primary Registration District No. 3010

Registrar's No. 328

1. PLACE OF DEATH:

(a) County: Cape Girardeau

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

(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 1/2 days (Specify whether years, months or days)

In this community: 1 1/2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: New madrid

(c) City or town: Portage Ville
(If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME: James Thomas Durbin

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Cassie Durbin

6. (c) Age of husband or wife if alive: 80 years

7. Birth date of deceased: Feb (Month) 19 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	8	0	....hr. ....min.

9. Birthplace: Edmundson Co (City, town, or county) Ky. (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: .....

FATHER
12. Name: John Durbin
13. Birthplace: Edmundson Co (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name: Mary Simons
15. Birthplace: Edmundson Co (City, town, or county) Ky (State or foreign country)

16. (a) Informant: Cassie Durbin
(b) Address: Portageville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Portageville Mo

18. (a) Signature of funeral director: De Lile Funeral Parlor
(b) Address: Portageville, Missouri

19. (a) 10-26-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19 year 1948 hour 4:45 minute a M.

21. I hereby certify that I attended the deceased from 10-17- 1948, to 10-19 1948, that I last saw him alive on 10-18 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral sclerosis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Minor cut on dorsum of hand.	

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: R. G. Potter M.D. (M. D. or other)
Address: Cape Girardeau Mo Date signed: 10-25-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 4

File Number 1148-13

Date 11-1-48

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 W H Eates

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.