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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33747

FILED OCT 26 1948
Registration District No. 272

Primary Registration District No. 4430 5706

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Crocker, Route 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community 33 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME Peter Durreman

3: (b) If veteran, name war No 3: (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6: (b) Name of husband or wife Josephine Durreman 6: (c) Age of husband or wife if alive No years

7. Birth date of deceased October 20, 1853
(Month) (Day) (Year)

8. AGE: Years 94 Months 11 Days 17 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Dick Durreman

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

14. Maiden name Unknown

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

16: (a) Informant Joseph Durreman

(b) Address Crocker, Route 1, Missouri

17: (a) burial (b) Date thereof 10/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flea Hollow Cemetery

18: (a) Signature of funeral director White P. Hedges
(b) Address Crocker, Missouri

19: (a) 10-11-48 (b) Helmut C. Buchholz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Crocker, Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1948 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from Oct. 1944 to Oct 7, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular-Renal Disease Duration 5 yrs.

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 3/10

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? _____

23. Signature John A. Mikalovich M.D. or other DO
While at work? _____ (Specify type of place) (e) Means of injury 2.
Address Crocker Date signed 10-8-48

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

MOTHER FATHER

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.....

Walter P. Hedges

Registered Apprentice No.....

working under my personal supervision.

Signed

Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address. Iberia, Missouri

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.