

1 No. 2  
4-12-40  
5-17-39  
1 X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4482

State File No. ....

FILED FEB 18 1941

Registration District No. 292

Primary Registration District No. 6035

Registrar's No. ....

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

1. PLACE OF DEATH

(a) County Saline

(b) City or town Rural Arrow Rock Twp, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 87 years  
years, months or days

3. (a) PRINT FULL NAME James Marshall Durrett

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 Raura J. Durrett

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Dec. 24 1853  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>2</u>	<u>20</u>	hr. min.

9. Birthplace Saline Co. Mo. A  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Richard Marshall Durrett

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

14. Maiden name Marcella Durrett

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

16. (a) Informant Eugene T. Durrett

(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof Jan 16 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arrow Rock Mo

18. (a) Signature of funeral director Camptell Burr

(b) Address Marshall Mo.

19. (a) Jan 20 1941 (b) C. L. Lawless  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(d) State Missouri (b) County Saline

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

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

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14<sup>th</sup>  
year 1941 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan 1 1941 to Jan 14 1941  
that I last saw him alive on Jan 12 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis & hyperpension

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

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

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration
<u>7</u>
<u>7</u>

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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address Marshall Mo Date signed 1/15/41

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 2-11-41

**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 *R. W. Campbell*  
Licensed Embalmer No. 3469  
P. O. Address Marshall, 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.**