

FEB 11 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

7567

Registration District No. 1046Primary Registration District No. 5810

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton
 (b) City or town Rural Shoal Creek Township (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1 1/2 Mi. N. E. of Redings Mill
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 46 Years (Specify whether years, months or days) 2
 In this community _____

3. (a) PRINT FULL NAME John M. Durbin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male5. Color or race White6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased Feb. 23, 1840
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

991120

hr.

min.

9. Birthplace Chester County Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Farmer & Miner11. Industry or business For Himself12. Name J. C. Durbin13. Birthplace Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Nancy Allen15. Birthplace Kentucky
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Miss Susan Hill(b) Address RR # 3, Joplin, Mo.17. (a) Burial (b) Date thereof 2-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Jackson Cemetery18. (a) Signature of funeral director Hurlbut Und. Co.(b) Address 212 Joplin St., Joplin, Mo.19. (a) 2-13-40 (b) E. J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
 (c) City or town Rural-Shoal Creek Township
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1 1/2 Mi. N. E. of Redings Mill
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1940 hour 11 minute 00 P. M.21. I hereby certify that I attended the deceased from Feb. 11, 1940 to Feb 11, 1940
that I last saw him alive on Feb 11, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Severe debility Duration _____& Diabetes

Due to _____

Due to _____

Other conditions 54
(Include pregnancy within 3 months of death)Major findings: NO

Of operations

Of autopsy NO

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) NO

(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 W. H. Brooks (Specify type of place) (e) Means of injury 1Address Joplin Mo Date 2/12/40

RECEIVED

District Health Officer No. 6,

District File Number 340-702

Date Filed MAR 8 1940

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 Sam E. Sensemyer Jr.

Licensed Embalmer No. 4099

P. O. Address Joplin 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, above space should be left blank.