DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 9 19[illegible]

Registration District No. 359

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5804

State File No. 21857

Registrar's No. 6

**1. PLACE OF DEATH:**

(a) County Hickory

(b) ~~City or town~~ Weaubleau (Rural)
(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 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Hickory

(c) City or town Weaubleau ( 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.

3. (a) PRINT FULL NAME Agnes Durnell 654

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife W.C. Durnell

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

7. Birth date of deceased Jan. (Month) 6 (Day) 1870 (Year)

8. AGE: Years 70 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name L.D. Johns
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Lizzie Howe
15. Birthplace (City, town, or county) Ind. (State or foreign country)

16. (a) Informant's own signature O.B. Osceola Mo
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/40 (Month) (Day) (Year)
(c) Place: burial or cremation Robinson Cemetery

18. (a) Signature of funeral director Joseph & Firestone
(b) Address Humansville, Mo

19. (a) 6/1-40 (Date received local registrar) (b) Tusa V Owens (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 24 year 1940 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from April 21, 1940, to April 24, 1940, that I last saw her alive on April 24, 1940 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Coronary Occlusion | 3 days |
| Due to ✓ | |
| Due to ✓ | |
| Other conditions ✓ (Include pregnancy within 3 months of death) | |
| Major findings: Of operations ✓ | |
| Of autopsy ✓ | |

9412

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)
While at work? ✓ (e) Means of injury ✓

23. Signature A. S. Johnston (M. D. ~~or other~~)
Address Wheatland Mo Date signed 4-27-40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
Division Health Officer No. 7.
District Number 6-40-908
Date Filed 6-19-46

## 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 Ralph A. Joseph

Licensed Embalmer No. 3149

P. O. Address Hubbardsville

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**