S. No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28515

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 671

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 626 E. Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 626 E. Madison (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: William H. Durland 645
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nelle M. Durland
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: Sept. (Month) 26 (Day) 1877 (Year)
8. AGE: Years ✓ 62 Months 10 Days 18 If less than one day ____ hr. ____ min.
9. Birthplace: Flora (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Sales Manager
11. Industry or business: Bakery
FATHER 12. Name: Otto C. Durland
13. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)
MOTHER 14. Maiden name: Katie Silee
15. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: Mrs. Nell Dirland
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 17 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Pierce City, Mo.
18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) Aug. 17, 1940 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 year 1940 hour 8 minute 30 p.m.
21. I hereby certify that I attended the deceased from Feb. 1 1939, to Aug 14 1940; that I last saw him alive on Aug 8 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Aortic stenosis + regurgitation	5 yr.
Mitral stenosis and regurgitation.	"
Due to: Rheumatic fever?	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Confirmed above.	

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: Francis B. Chenoweth (M. D. or other)
Address: Springfield, Mo. Date signed: Aug 18 1940.

(Licensed Embalmer's Statement on Reverse Side)

#5

JUN 13 1952

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 M. L. Canaday

Licensed Embalmer No. 3474

P. O. Address Springfield, 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.