

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**39300**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Morgan Registration District No. 598  
 (b) Township MOREAU Primary Registration District No. 9355 Registered No. 30  
 (c) City VERSAILLES (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 11 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. West Jasper St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHARA KING

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23-1875

7. AGE YEARS 64 MONTHS 11 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Partnership  
 9. Industry or business in which work was done, as saw mill, bank, etc. Lumber yard  
 10. Date deceased last worked at this occupation (month and year) July 27-1940 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crown Point Indiana

13. NAME James Alexander Durham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Delia Grey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Beverly J. Durham Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles, Texas

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Kidwell Versailles, Mo.

20. FILED 7/2 1940 Wall F. Perry, Jr. Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 27 1940

22. I HEREBY CERTIFY, that I attended deceased from May 9<sup>th</sup> 1940 to June 27 1940  
 I last saw him alive on June 27 1940 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset May 1940

Other contributory causes of importance: Arterio Sclerosis 40-5 yrs

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_ (Signed) W. G. Stumm M. D.

(Address) Versailles, Mo.

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

District Health Officer No. 7;

District File Number, 12-40-1670

Date Filed 7-2-40

**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, .....

*Rene Bartram*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed .....

*Rene Bartram*

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.**