

LED MAR 21 1941

State File No. _____

Registration District No. _____

Primary Registration District No. 1

Registrar's No. 62

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

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Richsville 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 Thirty five years years, months or days

8. (a) PRINT FULL NAME ZACHARY TAYLOR DURHAM

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary E. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 14 1850
(Month) (Day) (Year)

8. AGE: Years 96 Months 5 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Monument Dealer & Author

11. Industry or business _____
MOTHER FATHER { 12. Name Milton Durham
18. Birthplace Dont know
14. Maiden name Margaret Merritt
15. Birthplace F. J. Durbin Ky

16. (a) Informant F. J. Durbin
(b) Address Richsville Mo.

17. (a) Feb 22 (b) Date (hereof) Feb 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland, Mobile Mo

18. (a) Signature of funeral director Sumner Blunt
(b) Address Richsville Mo.

19. (a) Feb 21/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair
(c) City or town Richsville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 403 W. 3rd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1941 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dead on my arrival
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic heart failure a mile myocarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. L. Sumner (M. D. or other)
Address Richsville Mo. Date signed 2/16/41

RECEIVED

District Health Officer No. 10

District File Number 2-41-642

Date Filed MAR 19 1941

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.....

W. C. S.

Registered Apprentice No. 2159

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address:.....

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.