

FILED MAY 5 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15314

State File No. _____

Registration District No. 611

Primary Registration District No. 4365

Registrar's No. _____

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

73
4
0

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Seneca
(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 years, months or days)

In this community 76 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Seneca
(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.? 0 years.

3. (a) PRINT FULL NAME Rena Durham

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1941 hour 11 minute 5 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased November 1 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 20, 1941 to Apr 28, 1941
that I last saw her alive on Apr 25, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

77 5 28 hr. _____ min.

Immediate cause of death Chronic Arteriosclerosis deformans

Due to _____

Due to _____

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

9. Birthplace Fort Scott, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business none

MOTHER { 12. Name Jesse Durham

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

FATHER { 14. Maiden name Louisa Bozarth

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Ed. Durham

(b) Address 12 S.W. Miami, Oklahoma

17. (a) Burial (b) Date thereof 4 30, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirk Cemetery

18. (a) Signature of funeral director W. B. Buzzard

(b) Address Seneca, Mo.

19. (a) Apr 29 (b) Merle Sparlin
(Date received local registrar) (Registrar's Signature)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

545 (Specify type of place)

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

23. Signature T. B. Scumler (M. D. or other) _____
Address Seneca, MO Date signed 4-29-41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 541-688

Date Filed May 3 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

James H. Adon Buzzard, Registered Apprentice No. 239
working under my personal supervision.

Signed B. H. Buzzard

Licensed Embalmer No. 2334

P. O. Address Seneca, 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.