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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 34331

Registrar's No. 1032

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (City)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 415 No. 19th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: [illegible] hours
In this community: Over 67 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No.: 415 No. 19th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Charlotte L. Durrette
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: William A
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: December (Month) 2 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
67	10	26	hr. min.

9. Birthplace: St. Joseph, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: Home
FATHER 12. Name: Elijiah Colyar
FATHER 13. Birthplace: Boston (City, town, or county) Mass (State or foreign country)
MOTHER 14. Maiden name: Louise Davis
MOTHER 15. Birthplace: Garnett (City, town, or county) Kansas (State or foreign country)
16. (a) Informant: W.A. Durrette (Husband)
(b) Address: 415 No. 19th St, St. Joseph, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/29/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery
18. (a) Signature of funeral director: John E. Rupp
(b) Address: 6054 Pryor Ave., St. Joseph, Mo.
19. (a) Oct. 29, 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 year 1941 hour 10th minute 30 A.M.
21. I hereby certify that I attended the deceased from 11-15, 1940 to 10-28, 1941; that I last saw her on alive on 10-26, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease with Failure	3 yrs
Due to: Auricular Fibrillation	2 yr
Due to: —	
Other conditions: Chronic Cholecystitis (Include pregnancy within 3 months of death)	2 yrs

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: [illegible] (M. D. or other) M.D.
Address: St. Joseph Mo. Date signed 11-29-41

(Licensed Embalmer's Statement on Reverse Side)

NOV 1 0 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

myself, Registered Apprentice No.

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3486

P. O. Address St. Joseph, 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, fact should be so stated above.