

FILED FEB 7 1942

State File No. _____

Registration District No. 761

Primary Registration District No. 4456

Registrar's No. 48

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Appleton City, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ellett Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 hrs. (Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Clair 93

(c) City or town Osceola, Mo 2
(If outside city or town limits, write "RURAL") U

(d) Street No. _____ (If rural, give location) U

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Patricia June Durbin

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1942 hour 10 minute 20 P. M.

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

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

7. Birth date of deceased 1 31 41
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 10, 1942 to Jan 10, 1942, that I last saw her alive on Jan 10, 1942, and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|----------|----------------------|
| | <u>FF</u> | <u>11</u> | <u>9</u> | hr. _____ min. _____ |

Immediate cause of death Wangere of Intubation

Due to Intubation

Due to _____

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

10. Usual occupation John Wesley Durbin

11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) 122 ft

Major findings: Intubation
Of operations _____
Of autopsy Wangere of Intubation

MOTHER FATHER

12. Name John Wesley Durbin

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

14. Maiden name Edna Jane Headley

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. John Durbin
(b) Address Osceola, Mo

17. (a) Burial (b) Date thereof 1 12-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bean Creek

18. (a) Signature of funeral director Osceola Funeral Home
(b) Address Osceola, Missouri

19. (a) Jan 11-42 (b) Cllynn Davidson
(Date received local registrar) (Registrar's signature)

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. J. ... (M. D. or other) U. J. ...
Address Appleton City Date signed 1-11-42

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

73
1
0

1701

RECEIVED

District Health Officer No. 7,

District File Number 2-42-19

Date Filed 2-5-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Prepared} embalmed by me, or by

....., Registered Apprentice No.

working under my personal supervision..

Signed

Jared B. Goodrich

Licensed Embalmer No.

3038

P. O. Address

Oscoda 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.