

Registration District No. 547

Primary Registration District No. 3029

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Harrison (Iowa)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Evering Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 064  
(c) City or town Harrison  
(If outside city or town limits, write "RURAL")  
(d) Street No. 325 FULTON AVE  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Franklin Durcan

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

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

6. (b) Name of husband or wife Marion (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 14, 1897  
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Huntsville MO  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William R. Durcan

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

14. Maiden name Martha Jane Jamieson

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

16. (a) Informant Leo Durcan

(b) Address 325 Fulton Ave

17. (a) Burial (b) Date thereof Feb 29, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT Olive Cem

18. (a) Signature of funeral director James O'Donnell

(b) Address Harrison, Mo

19. (a) Mar 2, 1942 (b) Robt W Connor  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20  
year 1942 hour \_\_\_\_\_ minute 3:30 AM

21. I hereby certify that I attended the deceased from Jan 1  
1942 to Feb 20 1942  
that I last saw him alive on Feb 20  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon  
Duration 8 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) None

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature H B Norton (M. D. or other) \_\_\_\_\_

Address Harrison Mo Date signed 2/21/42

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

64  
3  
4

D

1146

**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.....

....., Registered Apprentice No. ....

working under my personal supervision:

Signed

*Michael J O'Hanney*

Licensed Embalmer No.

*3246*

P. O. Address

*Hannibal 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.**