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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 17 1943

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 10129

Registration District No. 101 Primary Registration District No. 5413 Registrar's No. 14

**1. PLACE OF DEATH:**

(a) County Douglas
(b) City or town Squires Walls Rural
(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 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 34

(a) State Missouri (b) County Douglas 0
(c) City or town Squires Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Lawrence Dale Durham

3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Male
5. Color or race 0 White
6. (a) Single, widowed, married, divorced 0 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 29 (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 14 | 4 | 25 | hr. min. |

9. Birthplace September 29 1928 (City, town, or county) 9 (State or foreign country)
10. Usual occupation Schoolboy
11. Industry or business

FATHER
12. Name Robert F. Durham
13. Birthplace Squires, Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Effie Potter
15. Birthplace Ava, Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant R. F. Durham
(b) Address Squires, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation Girdner
18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) 3-4-43 (Date received local registrar) (b) Thelma S. Waters (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 24 year 1943 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Burned in truck accident

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 034
(b) Date of occurrence 2-24-43 Ava Mo.
(c) Where did injury occur? High 5 about 15 mi. South of (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 5 (Specify type of place)
While at work? On way home (e) Means of injury Burns

23. Signature C. V. Clinkingbeard (M.D. or other) Coroner
Address Ava, Mo 3 Date signed 2-25-43

1056 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 343-418
Date Filed MAR 16 1943

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 F. C. Stiffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.**