

Registration District No. **749**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Menorah Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 hours
 In this community 55 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5419 Olive
 (If rural, give location)
 (e) Citizen of foreign country? X (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME George Durnell

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

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

6. (b) Name of husband or wife Mrs. Nellie Durnell 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June 27 1869
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 0 19 hr. min.

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

10. Usual occupation City Plumbing Inspector

11. Industry or business X

12. Name George B. Durnell

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

14. Maiden name Matthews

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

16. (a) Informant R. L. Kincaid

(b) Address 5415 Olive, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-43
 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 7-17-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
 year 1943 hour 8:15 minute P. M.

21. I hereby certify that I attended the deceased from July 15 (a.m.) 1943 to July 15 (p.m.) 1943
 that I last saw him alive on July 15 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis with infarction
94a
 Due to 2 weeks
 Due to 94a
 Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations PHYSICIAN
 Of autopsy 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?

23. Signature W. Brown (Specify type of license) (M. D. or other)
 Address 4209 Prof Bluff Date signed 7-16-43

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

Dr. Ginsberg.

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..... *E. M. Plouff*

Licensed Embalmer No. *1848*

P. O. Address..... *K. C. 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.