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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25228

State File No.

FILED JUL 26 1943

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 370

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days) In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town 1311 Furnace (If outside city or town limits, write "RURAL")

(d) Street No. Joplin Mo; (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Jennie A. Durbin

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fem.

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Gabe Durbin

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

7. Birth date of deceased Dec. 5, 1884 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	6	27	hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name John Milleson
13. Birthplace Ill; (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Potts
15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Wm. Durbin

(b) Address 1311 Furnace, Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-43 (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem;

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 7-5-43 (Date received local registrar) (b) Gertrude Sudholter (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July 2, day 1943 year hour 4-30 P.M. minute M.

21. I hereby certify that I attended the deceased from July 1, 1943, to July 2, 1943 that I last saw her alive on July 2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to High blood pressure nephritis

Due to appendectomy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations acute appendix

Of autopsy 1211

Duration

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 M. R. Mill (M.D. or other)

Address 601 Friscoe Bldg Date signed 7/3/43

(Licensed Embalmer's Statement on Reverse Side)

43-7-581

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.