

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 6 1943

Registration District No. 316

Primary Registration District No. 4461

Registrar's No. 32

1. PLACE OF DEATH

(a) County: St. Francois

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community: 16 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Francois

(c) City or town: Bismarck Mo
(If outside city or town limits, write "RURAL.")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: ROBERT CLAYBORN DURHAM

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1943 hour 10 minute A M.

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

4. Sex: male 5. Color or race: white

6. (a) Single, widowed, married, divorced: 0

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

7. Birth date of deceased: Dec 7 1923
(Month) (Day) (Year)

Immediate cause of death: Diabetes Insipidus Duration 13 years

Due to: _____

Due to: Deuseli Sama

8. AGE: Years Months Days If less than one day

19 6 20 _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death): _____

Major findings: 61

Of operations: _____

Of autopsy: _____

9. Birthplace: Poplar Bluff Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Clerk

11. Industry or business: Grocery Store

12. Name: Robert Durham

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

14. Maiden name: Winnie Barney

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

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: 0

23. Signature: James W. Huffer (M. D. or other) _____
Address: Bismarck Mo Date signed: 7/2/43

16. (a) Informant: Robert Durham

(b) Address: Bismarck Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-7-1943
(Month) (Day) (Year)

(c) Place: burial or cremation: Bismarck Mo

18. (a) Signature of funeral director: [Signature]

(b) Address: Bismarck Mo

19. (a) July 4-1943 (Date received local registrar) (b) [Signature] (Registrar's signature)

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

94
0

MOTHER FATHER

RECEIVED

AUG 9 1943

District Health Officer No. 7

District File Number 843-2497

Date Filed 8-5-43

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.....

C. J. Hill

.....
Licensed Embalmer No. 1852

P. O. Address.....

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.