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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 149

FILED NOV 20 1943
Registration District No. 172

Primary Registration District No. 5476

Registrar's No. 149

1. PLACE OF DEATH:

(a) County GRUNDY

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

(c) Name of hospital or institution:
NO ST. ADDRESS!
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GRUNDY⁴⁰

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

(d) Street No. NONE
(If rural, give location)

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

3. (a) PRINT FULL NAME FRANK EARL DURRANT

3. (b) If veteran, name war WORLD #1-

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6th.
year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from As Coroner, 19____ to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased: AUG. 26 1886
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Due to _____

Due to _____

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

Duration _____

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

57 2 10 hr. _____ min.

9. Birthplace GRUNDY CO. 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? _____

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation LABORER
Industry or business

11. Name NATHAN DURRANT

12. Birthplace DO NOT KNOW PENN.
(City, town, or county) (State or foreign country)

13. Spouse name HANBY LEGG

14. Birthplace DO NOT KNOW OH IO
(City, town, or county) (State or foreign country)

15. (a) Informant JOE DURRANT

(b) Address TRENTON MO.

17. (a) burial (b) Date thereof 10/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARTIN CEM.

18. (a) Signature of funeral director GIPSON FUN. HOME

(b) Address TRENTON MO.

19. (a) 11-8-43 (b) L. Roberts
(Date received local registrar) (Registrar's signature)

23. Signature Wm A Juman (M. D. or other) MA

Address Trenton MO Date signed 11-8-43

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

MOTHER FATHER
CO. 1000
172
H. STUBB

1350

(Licensed Embalmer's Statement on Reverse Side)

NOV 22 1948

NOV 24 1948

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. M. Joiner

Licensed Embalmer No. 3453

P. O. Address Frederick Md

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MO
County of Grundy } ss.

State File No.
Local Registrar's No. 149

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 1943, before me appears.....

....., who, upon oath, states that the original record of ^{birth}~~death~~
for Frank Carl Durrant ^{died}~~born~~ Nov 6, 1943 in the State of
Missouri, and which was filed at on Nov 20 1943 should be corrected as follows:

Item No. 8 should read 57 YRS. 2 MO. 10 DAYS

Instead of 57 YRS 1 MO. 10 DAYS

Item No. 7 should read AUG. 26 1886

Instead of - - - -

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant E. M. Jovier ^{Financial}~~Director~~
Relationship.

TRENTON MO
Present Address.

Subscribed and sworn to before me this 29th day of November, 1943.

My Commission expires Jan 26, 1946 L. S. Roberts Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. DecRegistration District No. 132Primary Registration District No. 5476Registrar's No. 149

1. PLACE OF DEATH:

- (a) County Sturdy
 (b) City or town Lincoln, Imp. Findall
 (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)3. (a) PRINT
FULL NAME Frank Earl Durrent3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex m5. Color or w
race6. (a) Single, widowed, married, s
divorced

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ year7. Birth date of deceased Aug 26 1888

(Month)

(Day)

(Year)

8. AGE:

Years 57Months 2

Days

If less than one day

min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal)

(b) Date thereof 11-9-43
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar)

(b) L. J. Roberts
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____;

that last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

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

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY