

FILED APR 7 1944

Registration District No. 222

Primary Registration District No. 5802

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Monroe Co.  
(b) City or town Clarence Rural  
(c) Name of hospital or institution: Woodlawn  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 Years  
In this community 40 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Lela Susie Durbin

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

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

6. (b) Name of husband or wife Chester Durbin 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased June 2nd 1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 8 17 hr. min.

9. Birthplace Monroe Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name John H Phillips

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

14. Maiden name Edit Carver

15. Birthplace Shelby Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Chester Durbin

(b) Address Clarence Mo

17. (a) Burial (b) Date thereof 2/21/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director William & Burkholder

(b) Address Shelbina Mo

19. (a) March 5 - 44 (b) Otto Hedberg  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19th  
year 1944 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 13, 1943 to Feb 19, 1944  
that I last saw her alive on Feb 14, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Ovary

Due to: .....

Due to: .....

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

Major findings: Of operations

Of autopsy: .....

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? .....

23. Signature D. L. Harlan (M. D. or other) MD  
Address Clarence Mo Date signed 1944

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 4-44-695

Date Filed APR 6 1944

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 Henry A. Bacheled

Licensed Embalmer No. 3835

P. O. Address Shelburne, 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.