

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

**FILED AUG 14 1944**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson mo**

(b) City or town **Jackson mo**

(c) Name of hospital or institution: **W. W. River Bank**  
(If not in hospital or institution, write street number or location)

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

In this community **twenty years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Jackson**

(c) City or town **NE mo** (If outside city or town limits, write "RURAL")

(2) Street No. **1301 Ewing** (If rural, give location)

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

If yes, name country **0**

3. (a) PRINT FULL NAME **JOHN DURKIN**

3. (b) If veteran, name war **20**

3. (c) Social Security No. **unknown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: **July 18 1944**

21. I hereby certify that I attended the deceased from **19** that I last saw h. **Deputy Coroner** and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or **white**

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

6. (b) Name of husband or wife **Jessie Hoover** 6. (c) Age of husband or wife if alive **deceased** years

7. Birth date of deceased **Jan 1877** (Month) (Day) (Year)

Immediate cause of death **Unknown**

Due to **Complete putrefaction**

Due to **entire body**

Other conditions **200 B.**

8. AGE: Years **67** Months **7** Days **8** If less than one day **hr. min.**

9. Birthplace **Washington County Kansas** (City, town, or county) (State or foreign country)

10. Usual occupation **Superintendent of Construction**

11. Industry or business **Self Construction**

12. Name **Julius Richards**

13. Birthplace **Washington County Kansas** (City, town, or county) (State or foreign country)

14. Maiden name **Leslie Hampton**

15. Birthplace **New York** (City, town, or county) (State or foreign country)

16. (a) Informant **Jay Richards**

(b) Address **RR #3 Lawrence, Kansas**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-4-44** (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Washington**

18. (a) Signature of funeral director **J. J. P. No. 3146**

(b) Address **7 J. P. No.**

19. (a) **8-4-44** (Date received local Registrar) (b) **P. E. Brown** (Registrar's signature)

Major findings: Of operations **See Above**

Of autopsy **See Above**

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 **A. E. Walker** (Specify type of place) (Means of injury) (M. D. or R. N.)

Address **22 S. 11th** Date signed **7/13/44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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

*Oreva Samuelson*

Licensed Embalmer No.

*3146 Main*

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.