S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1944

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

37635

State File No.

Registration District No. 101 Primary Registration District No. 5413 Registrar's No. 109

**1. PLACE OF DEATH:**
(a) County: Douglas
(b) City or town: Ava Rural Walls
(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 1 (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Douglas
(c) City or town: Ava Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Star Route
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Susan Durham
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Alfred E. Durham
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July 29, 1867 (Month) (Day) (Year)
8. AGE: Years 77 Months 3 Days 29 If less than one day hr. min.
9. Birthplace: Lime Stone, Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: George Gilbert
FATHER 13. Birthplace: — Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: A. F. Durham
(b) Address: Ava, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-1-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Girdner
18. (a) Signature of funeral director: Clinkingbeard Funeral Home
(b) Address: Ava, Missouri
19. (a) 12-1-1944 (Date received local registrar) (b) Lula Sprulock (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 28 year 1944 hour 10 minute 10 P. M.
21. I hereby certify that I attended the deceased from 11-23-44, 19..., to 11-28-, 1944, that I last saw her alive on 11-28-, 1944, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Acute Cerebral apoplexy. | 3 hrs |
| Due to: Hypertension | ? |
| Due to: Chronic Nephritis | ? |
| Other conditions: Ca of left ovary (Include pregnancy within 3 months of death) | ? |

Major findings:
Of operations:
Of autopsy: Hgb

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: 0
23. Signature: M. C. Henley (M. D. ~~other~~)
Address: Ava Mo Date signed 12-5-44

1056

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1244-1323
Date Filed DEC 11 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 W. B. Hutchison

Licensed Embalmer No. 8431

P. O. Address Ona W.Va.

**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.**