

Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony Home 3210 E. 23rd St.
(If not in hospital institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 5 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

David Arthur Durham

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased 10-26-44
(Month) (Day) (Year)

8. AGE:

Years 12 Months 7 Days 14 If less than one day hr. 0 min. 0

9. Birthplace

Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation inf.

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown

14. Maiden name

15. Birthplace Livingston Durham

16. (a) Informant Sister Mary Joseph

(b) Address 3210 E. 23rd St.

17. (a) Burial

(b) Date thereof 12-11-44

(c) Place: burial or cremation St Mary

18. (a) Signature of funeral director J W Wagner

(b) Address Kansas City Mo

19. (a) 12-10-44 (b) D. C. Brown

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 3210 East 23 St
(If rural, give location)
(e) Citizen of foreign country? () (Yes or No)
If yes, name country ()

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10
year 1944 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from November 4
1944 to December 10, 1944,
that I last saw him alive on 12-10, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Infectious diarrhea
Duration 8 days

Due to 1190
Due to

Other conditions Presumptive infant - 8 months
(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 Margaret E. Wagner (M. D. or other) M.D.
Address 103 Grand Date signed 12-10-44

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

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.....

No Embalming

Registered Apprentice No.....

working under my personal supervision.

Signed

Abner R. Harnscheidt

Licensed Embalmer No.

4159

P. O. Address

Kansas City 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.