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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41488

Registration District No. FILED JAN 2 1948

Primary Registration District No. 5664

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Williamstown Rural

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

(c) Name of hospital or institution: none

(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 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town Williamstown 0

(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

3. (a) PRINT FULL NAME Carrie May Durkee

3. (b) If veteran, name war None

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 Roswell Durkee

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

7. Birth date of deceased August (Month) 23, (Day) 1868 (Year)

8. AGE: Years 76 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Saline County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business

FATHER

12. Name George Burnett Hudson

13. Birthplace Edina (City, town, or county) Missouri (State or foreign country)

MOTHER

14. Maiden name Sarah Baker

15. Birthplace Slater, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Hudson Durkee

(b) Address Canton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22, '44. (Month) (Day) (Year)

(c) Place: burial or cremation Canton, Mo.

18. (a) Signature of funeral director Paul H. Barkley

(b) Address Canton, Mo.

19. (a) Nov. 27 '44 (Date received local registrar) (b) T. W. Jennings, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20 year 1944 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 14, 1944, to Nov 20, 1944, that I last saw her alive on Nov. 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrage	6 days
Due to Arterial Sclerosis	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. C. L. Todd (M. D. or other)

Address Williamstown Mo Date signed 11/29/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-45-37
Date Filed JAN 5 1945

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 Earl H. Barkley

Licensed Embalmer No. 2615

P. O. Address Canton, 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.