

FILED MAR 14 1945

Registration District No. _____

Primary Registration District No. 4264

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
 (b) City or town Conway
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: X
 (If not in hospital or institution, write street number or location) 1
 (d) Length of stay: In hospital or institution X (Specify whether
 In this community life years, months or days)

3. (a) PRINT FULL NAME Betsy Durbin8. (b) If veteran, name war X 3. (c) Social Security No. X4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Sam Durbin 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased April - 6 - 1873
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 8 21 X hr. X min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation Housewife11. Industry or business Home

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)
15. Birthplace _____ (City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Sam Durbin(b) Address Conway, Mo.17. (a) Burial (b) Date thereof 12-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Reed Cemetery18. (a) Signature of funeral director For Kelley(b) Address Marshfield, Missouri19. (a) 2-24-45 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
 (c) City or town Conway
 (If outside city or town limits, write "RURAL")
 (d) Street No. X (If rural, give location)
 (e) If foreign born, how long in U. S. A.? X years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1944 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from 12-26, 1944 to 12-27, 1944
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Hemorrhage of brain
Due to Hypertension

Due to _____

Other conditions
(Include pregnancy within 9 months of death) 836Major findings:
Of operations _____

Of autopsy _____

Duration

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 123. Signature J. W. H. Day (M. D. or other) MD
Address Conway Date signed 1-6-45

Received

Laclede County Health Unit

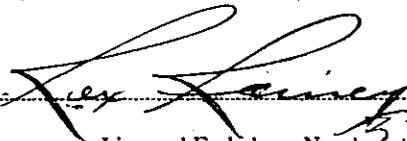
File No. 2-45-14

Date Filed 3/13/45

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..... 

Licensed Embalmer No. 5312

P. O. Address..... Marshfield, 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, above space should be left blank.

Registration District No. 17 Primary Registration District No. 4264 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Conway
(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 _____ (Specify whether _____)

In this community _____ years, months or days
3. (a) PRINT FULL NAME Betsy Durbin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased April 6 1880
(Month) (Day) (Year)

8. AGE: Years 71 Months _____ Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name William Rodgers

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

14. Maiden name Margaret Rodgers

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____
19. (a) _____ (b) Grace Roper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ day _____ year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____ (include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

10476