

FILED JUN 11 1945  
Registration District No. **2001**

Primary Registration District No. **2001**

Registrar's No. **233**

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

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution:  
**Residence 1014 West 2nd St. /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **28 Years** (Specify whether years, months or days)

In this community **28 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

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

(d) Street No. **1014 West 2nd.**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No) **0**

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Estie Stella Durr**

3. (b) If veteran, name war **No.**

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

4. Sex **Female /**

5. Color or race **White**

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

6. (b) Name of husband or wife **Joseph**

6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **May 22 1876**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>68</b>	<b>11</b>	<b>26</b>	hr. min.

9. Birthplace **Bucyrus Ohio /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Andrew Shutt**

13. Birthplace **Ohio /**  
(City, town, or county) (State or foreign country)

14. Maiden name **Louisa Miller**

15. Birthplace **Ohio /**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Durr**

(b) Address **1014 West 2nd**

17. (a) **Burial** (b) Date thereof **5/21/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Osborn Memorial Hurlbut Und Co.**

18. (a) Signature of funeral director **Joplin, Mo.**

(b) Address **Joplin, Mo.**

19. (a) **5-18-45** (b) **Gertie Schaefer**  
(Date received local registrar) (Registrar's signature)

1204

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18**  
year **1945** hour **1** minute **05** A.M.

21. I hereby certify that I attended the deceased from **May 19**, 19**46**, to **May 18**, 19**45**  
that I last saw her alive on **May 28**, 19**45**  
and that death occurred on the **day** and hour stated above.

Immediate cause of death **Chorea Valvularis Disease**

Due to **Coronary Artery Disease**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **H/O**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **Ed J. Jones** (M. D. or other) **0**

Address **Joplin, Mo.** Date signed **5-18-45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

45-5-445

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**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 *Joseph K. Hurlbut*

Licensed Embalmer No. *959*

P. O. Address *Joplin, 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.**