S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1945

Registration District No. 385

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20736

Primary Registration District No. 5655

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jemiscot

(c) City or town Caruthersville 78 (If outside city or town limits, write "RURAL")

(d) Street No. 108 East 13th St. 1 (If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Bunnie Durham

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Orvel Durham

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased August (Month) 23 (Day) 1908 (Year)

8. AGE:

Years	Months	Days	If less than one day
36	10	8	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Chilton
13. Birthplace Brunot (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name unknown O'Bannon
15. Birthplace Caldwater (City, town, or county) Missouri (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San., Mount Vernon, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July (Month) 2 (Day) 1945 (Year)

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

18. (a) Signature of funeral director H. O. Forsett

(b) Address McVernon, Mo.

19. (a) July 3-45 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1945 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 30, 1945, to July 1, 1945 that I last saw her alive on July 1, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: pulmonary tuberculosis	12 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 N

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 Charles A. Brasher M.D. (M.D. or other)

Address Mo. State San., Mount Vernon, Mo. Date signed 7-1-45

1338 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 745-747
Date Filed JUL 9 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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address McVernon, 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.