V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29638

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3992

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Gen. Hosp. #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9/15/45 - 9/21/45 (Specify whether
In this community six days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2712 Wyoming 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ben Durham

3. (b) If veteran, name war No

3. (c) Social Security No. 476-09-0563

4. Sex male 2

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased -3 (Month) 15 (Day) 1884 (Year)

8. AGE: Years 64 Months 6 Days 26 If less than one day hr. min.

9. Birthplace Mississippi (City, town, or county) 1 (State or foreign country)

10. Usual occupation laborer

11. Industry or business Public work

MOTHER FATHER

12. Name Alex Durham

13. Birthplace Mississippi (City, town, or county) 1 (State or foreign country)

14. Maiden name Julia Sutberry

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

16. (a) Informant Hattie Durham

(b) Address 2712 Wyoming

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-28-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Mrs. J. W. Jones

(b) Address 440 State Ave. K.C. Kans.

19. (a) 9-28-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 21 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from 9/15/45, 19..., to 9/21/45, 19...; that I last saw him alive on September 21, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death uremia	
Due to arteriolar nephritis	
Due to benign hypertrophy of prostate	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131 a
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 G. C. Turner M.D. (M. D. or other) 9/26/45

Address Gen. Hosp. #2 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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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 Eugene English

Licensed Embalmer No. 4405

P. O. Address 440 State ave K.C.

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.