. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 30979

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 277

**1. PLACE OF DEATH:**

(a) County Marion

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

(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days (Specify whether
In this community 25 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Marion 64

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

(d) Street No. 632 N. 8th St 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John F. Durr

3. (b) If veteran, name war

3. (c) Social Security No. 707-05-7314

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Gertrude

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

7. Birth date of deceased July (Month) 4 (Day) 1882 (Year)

8. AGE: Years 63 Months 2 Days 14 If less than one day hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business Chicago, Burlington & Quincy R.R.

FATHER
12. Name Theodore F. Durr
13. Birthplace Clarksville, Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Leake
15. Birthplace Nashville, Tenn. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gertrude Durr
(b) Address Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director James O Donnell
(b) Address Hannibal Mo.

19. (a) 9-24-45 (Date received local registrar) (b) Ave M. Lucke (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 18
year 1945 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Mch-5, 1945 to Sept 18, 1945;
that I last saw her alive on Sept 17, 1945
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Glandular Carcinoma of Ever | 8 mo. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations Inoperable Ca of Ever
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 J. E. Sultzman (M. D. or other)
Address Hannibal Mo. Date signed 9/18/45

1394

(Licensed Embalmer's Statement on Reverse Side)

## 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 James O'Donnell

Licensed Embalmer No. 2022

P. O. Address Hannibal 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.**