F. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32640

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4131

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or Institution: Home 604 W. 10th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or Institution 3 yrs (Specify whether years, months or days)

In this community 3 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town KC Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 604 - W. 10th St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Albert Durham

3. (b) If veteran, name war — No

(f) Social Security No. 407-09-0366

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Katherine 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan 28 1876 (Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation Railroad

11. Industry or business

12. Name unknown (Father)

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

14. Maiden name unknown (Mother)

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

16. (a) Informant Kathryn Durham

(b) Address 604 - W 10th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-45 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Mrs C. L. Forster

(b) Address 918 - Brookeyn

19. (a) 10-8-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 year 1945 hour 3 A.M. minute M.

21. I hereby certify that I attended the deceased from Oct 7 1945 to Oct 8 1945 that I last saw him alive on Oct 8 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 24 hrs

Due to Chronic Myocarditis 1yr.

Due to Arteriosclerosis.

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none 93 D

Of autopsy none

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 M. B. Casebolt M.D. (M.D. or other)

Address 4000 Baltimore K.C. Date signed 10-8-45

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

(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.....Joe B. Yoder.....

Licensed Embalmer No.....4173.....

P. O. Address.....918 Brooklyn

KC. 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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson

State File No.
Local Registrar's No. 4131

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 23rd day of October, 1945, before me appears
, who, upon oath, states that the original record of ~~birth~~ death
for James Albert Durham, died ~~born~~ October 8, 1945, in the State of
Missouri, and which was filed at K. C. Mo. on 10-8-, 1945, should be corrected as follows:

Item No. 3(c) should read 707-09-0366
Instead of 407-09-0366

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Geraldine Helmes, Registrar
Relationship.

Kansas City, Missouri
Present Address.

Subscribed and sworn to before me this 23rd day of October, 1945.

My Commission expires Oct. 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-8-42
I X33820