S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 27 1945

State File No. 33727

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 795

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: St. John's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Texas~~ 107

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

(d) Street No. South of Cabool, (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas Clinton Durnell

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Cora Durnell

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

7. Birth date of deceased January (Month) 21, (Day) 1871 (Year)

8. AGE: Years 74 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles Durnell
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Martha Stoveall
15. Birthplace UNK. (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Trevor Durnell

(b) Address Cabool, Missouri

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

(c) Place: burial or cremation Masadonia Cemetery

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Cabool, Missouri

19. (a) 10-9-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6 year 1945 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from 9/29, 1945, to 10/6, 1945 that I last saw him alive on 10/6, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 10 da

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 107

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 T B Lemmon (M. D. or other) M.D.

Address Springfield Mo. Date signed 10/6/45

784 (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.....

Licensed Embalmer No.....

P. O. Address.....

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.