

FILED FEB 4 1946

Primary Registration District No. 5943

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rural Spring Creek Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT
FULL NAME

Emily A. Durham

3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married
divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Oct 16, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 3 9 hr. min.

9. Birthplace Chaddock MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name J.R. Durham

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

14. Maiden name Frances Reed

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

16. (a) Informant Alta Randall

(b) Address Licking MO

17. (a) Burial (b) Date thereof 12-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shaker Cem

18. (a) Signature of funeral director Smith - Ferguson

(b) Address Licking MO

19. (a) Jan 4, 1946 (b) Mrs. Juanita Harvey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 Mi South of Chaddock MO
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1945 hour 8 minute 0 P.M.

21. I hereby certify that I attended the deceased from
Nov 20 to Dec 25, 1945
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death
Crown Thrombosis
+ Endocarditis

Due to _____

Due to _____

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Alta Randall (M. D. or other) _____

Address Licking MO Date signed 12/28/45

200 P

(Licensed Embalmer's Statement on Reverse Side)

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

100-709

FEB 18 1946

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 Embert E. Ferguson
Licensed Embalmer No. 3945
P. O. Address Licking 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.