

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13112**  
Registrar's No. **1642**

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**  
(a) County **Kansas City**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **K.C. Osteopathic Hospital**  
(d) Length of stay: **4 days**  
In this community **One month**

3. (a) PRINT FULL NAME **Mrs. Ida Mae DURHAM**  
(b) If veteran, name war **No**  
(c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **William M. Durham**  
6. (c) Age of husband or wife if alive **dead** years  
7. Birth date of deceased **December 5th, 1891.**

8. AGE: Years **54** Months **4** Days **1**  
If less than one day hr. min.

9. Birthplace **Macon County, Missouri**

10. Usual occupation **Housewife.**

11. Industry or business **At Home.**

12. Name **James Frank Harris**

13. Birthplace **Macon County, Missouri**

14. Maiden name **Sarah Catherine Sharrer**

15. Birthplace **New Cambria, Missouri**

16. (a) Informant **Miss Helen Durham, Daughter**  
(b) Address **2921 Monroe, K. C. Mo.**

17. (a) **Removal** (b) Date thereof **4-7-46.**  
(c) Place: burial or cremation **Macon, Missouri**  
(d) Signature of funeral director **Melody McGilley Eylar**  
(e) Address **Kansas City, Missouri**  
(f) **4-7-46.** (g) **Deraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Macon**  
(c) City or town **Anabel**  
(d) Street No. **No.**  
(e) Citizen of foreign country? **No.**

20. DATE OF DEATH: Month **April** day **6th**  
year **1946** hour **10:15** minute **A.M.**  
21. I hereby certify that I attended the deceased from **4-3-46** to **4-6-46**  
that I last saw her alive on **4-6-46** and that death occurred on the date and hour stated above.

Immediate cause of death  
**Pulmonary Embolism**  
**Secondary to**  
**Chronic Bronchitis**  
Due to **Pulmonary**  
Due to **Arterial Obstruction**  
**(adhesions)**

Other conditions (Include pregnancy within 3 months of death)  
**1941**  
Major findings: **Arterial Obstruction**  
Of operation  
Of autopsy **Pulmonary Embolism**  
**Chronic Bronchitis**

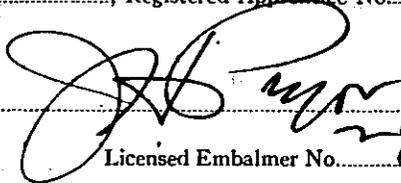
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work (Specify type of place) (2) Means of injury  
23. Signature **D. Thompson** (M. D. or other)  
Address **3100 E 27th St** Date signed **4/11/46**

**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. 2999  
.....  
P. O. Address..... 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.**