

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

DEPARTMENT OF COMMERCE - THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED SEP 3 1946
STANDARD CERTIFICATE OF DEATH

State File No. 27100
3574
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4304 Oak Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
in this community 70 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4304 Oak Street, 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Edith Pearson Durrant
3. (b) If veteran, name war no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 18
year 1946 hour 8:00 minute P. M.
21. I hereby certify that I attended the deceased from July
1946 to 8/18/46, 1946
that I last saw him a alive on 8/18/46, 1946
and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife Fred Tayton Durrant
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased July 10 1872
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion 1/2 hr
Dissecting hypertension 10 yrs.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: 94a
Of operations
Of autopsy

8. AGE: Years Months Days If less than one day
74 1 8 hr. min.

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

10. Usual occupation at home

11. Industry or business X

12. Name Thomas Pearson

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

14. Maiden name Mary Anderson

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

16. (a) Informant Fred Tayton Durrant

(b) Address 4304 Oak St., Kansas City, Mo.

17. (a) burial (b) Date thereof 8-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gilham Plaza, K. C., Mo.

19. (a) 8-19-46 (b) Theraline Holmes
(Date received local registrar) (Registrar's signature)

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? Yes
Signature [Signature] (M. D. [Signature])
Address 1103 9th St Date signed 8/19/46

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

MOTHER FATHER

Dr. Joe Webster

*Proff. Dr. J.
W.A. 1195-
1-30 P.M.*

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K.C. 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.