

Registration District No. **375**

Primary Registration District No. **036279**

**1. PLACE OF DEATH:**

(a) County Wrightren  
(b) City or town Hartville Rural Gascon  
(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 \_\_\_\_\_  
In this community 77 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Wright  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME**

Mary - Duren

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced M /  
6. (b) Name of husband or wife Andrew Duren  
6. (c) Age of husband or wife if alive 81  
7. Birth date of deceased December 21 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 10 14 hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

**11. Industry or business**

12. Name Eli Young  
13. Birthplace Black Hawk Co. Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Sylvia Stacey  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Duren  
(b) Address Hartville, Mo.

17. (a) burial (b) Date thereof 11-6-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) - Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Em E. Waldren  
(b) Address Hartville, Mo.

19. (a) Nov. 18, 1946 (b) B. Garner  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 5th  
year 1946 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov 5  
1946 to Nov 5 1946  
that I last saw her alive on Nov 2 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cardiovascular  
Renal Disease

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?

(Specify type of place)  
While at work? \_\_\_\_\_ (c) Means of injury 2  
23. Signature H. H. ... (M. D. or other) \_\_\_\_\_  
Address Hartville, Mo. Date signed Nov. 7, 1946

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1146-1162

Date Filed NOV 29 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 Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.