o. 2
/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30406

FILED OCT 6 1947
Registration District No. ____

Primary Registration District No. 1000

Registrar's No. 1160

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2708 Lafayette Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: not (Specify whether
In this community: 23 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 2708 Lafayette Street 7
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Annie Laurie Durham
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife: R. M. Durham
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 24 (Day) 1863 (Year)

8. AGE: Years 84 ✓ | Months 0 | Days 29 | If less than one day: hr. min.

9. Birthplace: Buchanan County (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation: At home
11. Industry or business:
MOTHER FATHER
12. Name: Elijah Bowen
13. Birthplace: Canton (City, town, or county) Ohio (State or foreign country) 1
14. Maiden name: Malinda Woodward
15. Birthplace: Clay County (City, town, or county) Missouri (State or foreign country) 4
16. (a) Informant: George F. Durham
(b) Address: 3230 Lafayette St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 26, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Freeman Chapel Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St. St. Joseph, Mo.
19. (a) 9-29-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23, year 1947 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from 8-25 19 47 to 9-14 19 47
that I last saw her alive on Sept 14 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Arteriosclerotic Heart Disease
Arteriosclerotic nephritis
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: None
Of autopsy: None

Duration

PHYSICIAN
Underline the cause of 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? (Specify) Nature of injury:

23. Signature: Harold J. Brown (M. D.)
Address: St. Joseph, Mo. Date signed 9-24-47

Jefferson City Printing Co.

(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 Elbert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.