S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 4 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34446

Registrar's No. 4457

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: Research Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 14 Days (Specify whether years, months or days) In this community: 14 days -

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Bateson
(c) City or town: R.R.# 1 (If outside city or town limits, write "RURAL")
(d) Street No.: Rural (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Maude Alma Durnett
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: W.L.Durnett
6. (c) Age of husband or wife if alive: 62 ars
7. Birth date of deceased: 9 (Month) 9 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
59	1	16	hr. min.

9. Birthplace: Bates County (City, town, or county), Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
12. Name (Father): T.A.Strode
13. Birthplace (Father): Kentucky (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Nora Estell Perkins
15. Birthplace (Mother): Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. W.L.Durnett
(b) Address: Bates County, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-25-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Bates County, Mo.
18. (a) Signature of funeral director: Mrs. C.L.Forster
(b) Address: Kansas City Mo
19. (a) 10-25-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 25th. year: 1947 hour: 1 minute: 15 PM.
21. I hereby certify that I attended the deceased from Oct 13 1947 to Oct 25 1947 that I last saw her alive on Oct 24 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Brain tumor, Right acoustic neurinoma	5yrs
Due to:	
Due to: 560	
Other conditions: Terminal bronchopneumonia (Include pregnancy within 3 months of death)	2days

Major findings:
Of operations: Brain tumor, right acoustic neurinoma
Of autopsy: Remnants of tumor, wound infection

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? (e) Means of injury:

23. Signature: William P. Williamson (M. D. or other) MD
Address: 1630 Prof. Bldg. K.C., Mo. Date signed: 10-25-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Williamson E.R.
Proff. Bldg.
Ata 1614-
Gi 2224

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 A. Herrmann

Licensed Embalmer No. 3700

P. O. Address 918 Brooklyn

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.