

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

FILED OCT 27 1947
Registration District No. **290**

Primary Registration District No. **5986**

Registrar's No. **133**

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

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Tavern Twp. Rural
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether)

In this community Mo. Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mol (b) County Pulaski **85**

(c) City or town Tavern Twp. Rural **0**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME Eliaabeth Durst

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / race W

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ephriam Durst

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Jan. 8 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace Mo. (City, town, or county) (State or foreign country) **0**

10. Usual occupation Housewife

11. Industry or business _____

12. Name Peter Kershaw

13. Birthplace Ohio (City, town, or county) (State or foreign country) **1**

14. Maiden name Hannah Walters

15. Birthplace Ill (City, town, or county) (State or foreign country) **1**

16. (a) Informant Mr. E. Durst

(b) Address Pulaski Co.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-30-47
(Month) (Day) (Year)

(c) Place: burial or cremation Mr. Washington Cem. Mo.

18. (a) Signature of funeral director J. L. Hoops & Sons

(b) Address Crocker, Mo.

19. (a) Oct. 22 1947 (Date received local registrar) (b) Helena C. Buchthorn (Registrar's signature) **2911**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day Sept year 1947 hour 12:25 minute A M.

21. I hereby certify that I attended the deceased from May 1 1947 to 29 Sept 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease Ch E Congestive Failure 3 days

Due to Pellagra **ch**

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 938

Duration 3 days

PHYSICIAN _____

Underline the cause to 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? _____

While at work? _____ (Specify type of work) (Year of injury) **0**

23. Signature [Signature] (M. D. or other) **0**

Address [Signature] Date signed 29 Sept 47

DEC 4 1961

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..... *Paul B. Hooper*

Licensed Embalmer No..... *3261*

P. O. Address..... *Waynesville, N.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.