

S. No. 2
M-1/47
7. 5-17-39

FEDERAL BUREAU OF VITAL STATISTICS

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41118**

FILED JAN 8 1948

Registration District No. **58**

Primary Registration District No. **0212**

Registrar's No. **34**

18
6
0

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

1. PLACE OF DEATH:

(a) County **Carter**

(b) City or town **Van Buren (Rural)**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **home of his daughter**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **all life** (Specify whether years, months or days)

In this community **all life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Carter**

(c) City or town **Van Buren (Rural)**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Kittie Alice Durham**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **w**

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

6. (b) Name of husband or wife **Thomas Durham** 6. (c) Age of husband or wife if alive **25** years

7. Birth date of deceased **Feb 25 1883**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	9	14	hr. _____ min. _____

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

10. Usual occupation **house wife**

11. Industry or business _____

12. Name **Samuel M. Spadden**

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

14. Maiden name **Amanda Neal**

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

16. (a) Informant **Alma Roogler**

(b) Address **Van Buren**

17. (a) **Burial** (b) Date thereof **12-12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Day Valley**

18. (a) Signature of funeral director **Stanton Stewart**

(b) Address **Van Buren Mo**

19. (a) **Dec 16-47** (b) **Mrs. Oeta Heuson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **9**
year **1947** hour **9** minute **25 P.M.**

21. I hereby certify that I attended the deceased from **Dec 6th** 19**47** to **Dec 9th** 19**47** that I last saw him alive on **Dec 7th** 19**47** and that death occurred on the date and hour stated above.

Duration _____

Immediate cause of death **Massive Apoplexia with paralysis of u. & l. body**

Due to _____

Due to **Septicemia**

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

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy **83A**

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 **J. H. Cotton** (M. D. or other) **12-16-47**

Address **Van Buren** Date signed _____

RECEIVED

District Health Officer No 5,

District File Number 14860

Date Filed 7-7-98

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 _____

Chas S Jewitt

Registered Apprentice No. 11

working under my personal supervision.

Signed Seaton Jewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.