No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 5 1948

Registration District No. 341

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3075

State File No. 3680

Registrar's No. 8

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Dexter
(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 68 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Dexter 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clara Etta Durham
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Durham
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July (Month) 4th (Day) 1866 (Year)

8. AGE: Years 80 Months 6 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Indiana (State or foreign country)
10. Usual occupation House keeper
11. Industry or business

FATHER
12. Name David Evasize
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Frank Durham
(b) Address Dexter, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Dongola Cemetery
18. (a) Signature of funeral director Watkins Fun. Service
(b) Address Dexter Mo.
19. (a) 1/25-48 (Date received local registrar) (b) Margaret Pruitt (Registrar's signature) 2/1/47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th year 1948 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1948, 19, to Jan 9, 1948; that I last saw her alive on Jan 9, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Status Pneumonia	3 DAYS
Due to CEREBRAL HEMORRHAGE OCCURING ONE WEEK PREVIOUS	
Due to HYPERTENSION	10 YEARS
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 2

23. Signature Dr. H. A. Poe (~~M. D. or other~~) DO
Address Senta, Mo Date signed 1/12/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 240 172
Date Filed 2-2-48

MAY 19 1949

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter, 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.