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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 22 1948

Registration District No. 3175

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6283

State File No. 11332

Registrar's No. 11

1. PLACE OF DEATH:

(a) County WRIGHT

(b) City or town ELK CREEK TWP-RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9 MILES NORTH OF HARTVILLE MO
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 50 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT

(c) City or town ELK CREEK TWP-RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 9 MILES NORTH OF HARTVILLE MO
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME MICHAEL DURBIN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARY JANE DURBIN

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

7. Birth date of deceased FEB (Month) 2 (Day) 1869 (Year)

8. AGE: Years 79 | Months 0 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace CHRISTIAN CO (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation FARMER

11. Industry or business .....

FATHER
12. Name LEONARD DURBIN
13. Birthplace KENTUCKY (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name MARY LOGSDON
15. Birthplace KENTUCKY (City, town, or county) / (State or foreign country)

16. (a) Informant RALPH DURBIN
(b) Address HARTVILLE MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation PIPHSAN VALLEY CEM.

18. (a) Signature of funeral director G. A. Steffe
(b) Address MANSFIELD MO

19. (a) MAR. 12, 1948 (Date received local registrar) (b) E. Garner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 8, year 1948 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 10, 1946 to March 8, 1948 that I last saw him alive on March 7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death CARDIO VASCULAR RENAL DISEASE — Duration

Due to .....

Due to .....

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

Major findings:
Of operations N/A
Of autopsy .....

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 place) (e) Means of injury .....

23. Signature H. L. Worthington M.D. (M.D. or other)
Address Hartville MO Date signed 3-12-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 348-309
Date Filed MAR 18 1948

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 G. G. Stiffler

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.