S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1948

Registration District No. 374

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17304

Primary Registration District No. 6064 4459

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Osceola
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 48 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair

(c) City or town Osceola
(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 John W. Durbin

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Grace Durbin

6. (c) Age of husband or wife if living 49 years

7. Birth date of deceased January (Month) 12 (Day) 1883 (Year)

8. AGE: Years 65 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Brownington Missouri (City or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER 12. Name Unknown

Birthplace Unknown (City, town, or county) (State or foreign country)

FATHER 14. Name Unknown

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

16. (a) Informant Grace Durbin

(b) Address Osceola Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date 3/8/48 (Month) (Day) (Year)

(c) Place: burial or cremation Bear Creek Cemetery

18. (a) Signature of funeral director F.BG Goodrich

(b) Address Osceola Missouri

19. (a) 3-8-1948 (Date received local registrar) (b) Ruth Sellers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1948 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 28, 1947, to March 6, 1948, that I last saw him alive on March 6, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to arteriosclerosis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. Marshall M.D. (M.D. or other)

Address Osceola, Mo. Date signed 3-6-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 7
District File Number 5-58-587
Date Filed 6-1-58

VS JUN 26 1959

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 F B Goodrich

Licensed Embalmer No. 3038

P. O. Address Owensville 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.