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FILED SEP 2 1948

Registration District No. 372

Primary Registration District No. 4571

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Harris
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan 105
(c) City or town Harris
(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 C. Durman

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 Adda Durman 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 25 1887 (Month) (Day) (Year)

8. AGE: 61 Years 5 Months 2 Days If less than one day hr. min.

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

10. Usual occupation Mail Carrier

11. Industry or business

12. Name L.C. Durman
13. Birthplace Ky. (City, town, or county) (State or foreign country)
14. Maiden name Eva Severns
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adda Durman

(b) Address Harris, Mo.

17. (a) Burial (b) Date thereof 8-29-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harris Ceme.

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Mo.

19. (a) Aug. 31 48 (b) Greta Caldwell (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27 year 1948 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from February 1948, to August 1948, that I last saw him alive on August 24, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion
Due to: Coronary artery disease 1 year

Other conditions: Angina Pectoris 1 year (Include pregnancy within 6 months of death)

Major findings: Of operations: 948
Of autopsy: 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) Means of injury: @

23. Signature: Greta Caldwell (M. D. or other) M.D.
Address: Princeton, Mo. Date signed: 8/28/48

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

MOTHER FATHER

JAN 11 1949

MAR 23 1955

SEP 16 1948

RECEIVED

District Health Officer No. 1

District File Number 9-48-15

Date Filed SEP 1 - 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 *John Martin*

Licensed Embalmer No. 3760

P. O. Address *Princeton, 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.