

S. No. 300
M-10-47
y. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

29324

State File No. _____

FILED SEP 20 1948

Registration District No. _____

Primary Registration District No. 4171

Registrar's No. 50

1. PLACE OF DEATH:

(a) County De Kalb

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

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb 320

(c) City or town Clarksdale Mo
(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 Fannie Belle Durrant

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1948 hour 10 minute 30 M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Durrant 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 9 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1 1948 to Sept 3 1948
that I last saw her alive on July 30 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

69 5 25 hr. _____ min.

Immediate cause of death Cerebral Hemorrhage 1wk.

Due to arterio Sclerosis

9. Birthplace _____; Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

Major findings: 83A

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Wm Everett

13. Birthplace _____; Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hayse Mo

15. Birthplace _____; Mo
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant George Durrant

(b) Address Clarksdale Mo.

17. (a) Burial (b) Date thereof 9-7 -48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Mo.

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? _____

18. (a) Signature of funeral director John J. Brown

(b) Address Maysville Mo

19. (a) 9-10-48 (b) Rana Davidson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(z) Means of injury 0

23. Signature E. M. Reynolds (M. D. or other) _____

Address Union Stor 710 Date signed 9-5-48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 G. Brown

Licensed Embalmer No. 3933

P. O. Address.....

Wassville, 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.