S. No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29620

Registration District No. 143 Primary Registration District No. 5560 Registrar's No. 71

1. PLACE OF DEATH:

(a) County Howell Co

(b) City or town Willow Springs Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 80 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS 107

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? ~~[illegible]~~ (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM OSCAR DURNELL

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 16 (Day) 1868 (Year)

8. AGE: Years 80 Months 1 Days 0 If less than one day hr. min.

9. Birthplace TEXAS Co (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Charley Durnell
13. Birthplace — (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Martha Jane Stovall
15. Birthplace — (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Trevor Durnell
(b) Address Cabool Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18 1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Pleasant Hill Cemetery

18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Cabool Mo

19. (a) 8/18/48 (Date received local registrar) (b) Marshalee Ballard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 16 day
year 1948 7 hour 30 minute a M.

21. I hereby certify that I attended the deceased from
In, 1947, to , 19 ;
that I last saw him alive on November, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio Sclerosis	10 yrs.
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations 97	
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 0

23. Signature Garrett George Bush (M. D. or other)
Address Cabool Mo Date signed Aug 17/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-13-48
District Health Officer No. 5
District File Number 948579
Date Filed 9-13-48

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 Gaylord V. Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool 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.