

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42586

State File No.

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5903 Registrar's No. 120

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|---|-----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Tennessee</u> b. COUNTY <u>Shelby</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Mississippi River</u> | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) <u>Memphis</u> | d. STREET ADDRESS (If rural, give location) <u>3231 Princeton</u> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | | |

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|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Johnnie</u> b. (Middle) <u>Bell</u> c. (Last) <u>Duran</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21, 1948</u> |
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|--------------------|-------------------------------|---|--------------------------------------|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 25, 1912</u> | 9. AGE (In years last birthday) <u>36</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>26</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Deck Hand</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>River Boat</u> | 11. BIRTHPLACE (State or foreign country) <u>Shelbyville, Tenn.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Henry J Duran</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Dodd</u> | 14. NAME OF HUSBAND OR WIFE <u>Lillie Duran</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u></u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Duran</u> | ADDRESS <u>2141 Nathan Memphis Tenn</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowned</u> | DUPLICATE | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mississippi River</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Memphis Tenn</u> |
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|--|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 21 1948</u> m. | 21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>?</u> |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

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|---|----------------------------------|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Jack Kelly 3rd</u> | 23b. ADDRESS <u>Hayti, Mo</u> | 23c. DATE SIGNED <u>12/30/48</u> |
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|--|------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12/21/48</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn</u> | 24d. LOCATION (City, town, or county) (State) <u>Hayti Mo</u> |
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|---|---|-----|--|----------------------------|
| DATE REC'D BY LOCAL REG. <u>12-30-48</u> | REGISTRAR'S SIGNATURE <u>John W German</u> | 406 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John W German</u> | ADDRESS <u>Hayti Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

78

FEB 22 1949

FEB 10 1949

MAY 16 1951

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 _____

working under my personal supervision.

Student Embalmer No. _____

Not Embalmed

Signed _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.