

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILLED SEP 19 1941

Registration District No. 258

Primary Registration District No. 516-7

Registrar's No. 8

1. PLACE OF DEATH:

(a) County De Kalb
(b) City or town Clarksdale Miss
(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 71 years _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County De Kalb
(c) City or town Clarksdale
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1941 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from
Aug 7, 1941, to Aug 11, 1941;
that I last saw him alive on Aug 11, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes mellitus 3 yrs
Duration

Due to _____
Due to _____

Other conditions: Septic infection Fareels
(Include pyrexia within 3 months of death)

Major findings: _____
Of operations: none

Of autopsy: none

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)
(e) Means of injury _____

23. Signature J. R. Elliott (M. D. or other) MD
Address 80th Street, Joseph, Mo Date signed Aug 12-41

3. (a) PRINT FULL NAME WILLIAM DURRANT

3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife MARY DURRANT 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased: 1 22 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 9
If less than one day _____ hr. _____ min.

9. Birthplace Clarksdale MO
(City, town, or county) (State or foreign country)

10. Usual occupation oil man

11. Industry or business oil station

12. Name Sam Durrant

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Barber

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Buster

(b) Address Clarksdale Miss

17. (a) Burial (b) Date thereof 8-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksdale Mo

18. (a) Signature of funeral director J. R. Elliott

(b) Address Clarksdale Miss

19. (a) Aug 13-1941 (b) Missouri
(Date of local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

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032
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99 DE

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 TR

....., Registered Apprentice No.

working under my personal supervision.

Signed John J. Brann

Licensed Embalmer No. 3933

P. O. Address Clayton Rd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.