S. No. 2
9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1943

Registration District No. 13D

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28349

Primary Registration District No. 53-28

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Hickory
(b) City or town Rural / Weaubleau Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Hickory
(c) City or town "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. Weaubleau Twp.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SARAH PAULINA DURNELL

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife H. Jackson Durnell

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

7. Birth date of deceased March (Month) 20 (Day) 1861 (Year)

8. AGE: Years 82 Months 5 Days 1 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name Raymond Brown
13. Birthplace unknown (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Mrs Oline McCracken
(b) Address Swanson Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Boydston Cemetery

18. (a) Signature of funeral director E H Symm
(b) Address Humansville, Mo.

19. (a) Aug 23-43 (Date received local registrar) (b) Mary E Clarkstown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21
year 1943 hour 1 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from August 10, 1943 to August 20, 1943
that I last saw h.c.r. alive on August 20, 1943 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Respiratory Failure	
Due to Senility	
Due to Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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

23. Signature Dr W L R Easton (M. D. or other) M.D.
Address Weaubleau Mo Date signed Aug 21 1943

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-43-858
Date Filed 9-2-43

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.....
by me, Registered Apprentice No.....,
working under my personal supervision.

Signed Earl H Runnels

Licensed Embalmer No. 4282

P. O. Address Humanaville, M

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.