

No. 2
OM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23987**
Registrar's No. **149**

Registration District No. **137**

Primary Registration District No. **4216**

1. PLACE OF DEATH:
(a) County **Henry**
(b) City or town **Windsor**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
107 N. Franklin Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **4 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Henry**
(c) City or town **Windsor**
(If outside city or town limits, write "RURAL")
(d) Street No. **107 N. Franklin**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Sarah Elizabeth Durbin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **2**
year **1947** hour **6:50** minute **0** M.
21. I hereby certify that I attended the deceased from **Apr**
1945 to **July 27, 1947**
that I last saw **her** alive on **July 27, 1947**
and that death occurred on the date and hour stated above.

4. Sex **Fe** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **C. M. Durbin** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **April 18 1875**
(Month) (Day) (Year)

Immediate cause of death
Cancer of thyroid and throat
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years **72** Months **8** Days **14** If less than one day hr. _____ min. _____

9. Birthplace: **Putman County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business: _____
12. Name: **I. B. Simmons**
13. Birthplace: **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name: **Mary Ann Larimore**
15. Birthplace: **Morgan County Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: **Mrs. Edd Shipp**
(b) Address: **Windsor, Missouri**
17. (a) Burial (b) Date thereof **8-4-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Windsor, Missouri**

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: **Huston Turner**
(b) Address: **Windsor, Missouri**
19. (a) 8-4-47 (b) **R. R. Kenney**
(Date received local registrar) (Registrar's signature)

23. Signature: _____ (M. D. or other)
Address _____ Date signed **8-14-47**

(Licensed Embalmer's Statement on Reverse Side)

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

2
2
0

RECEIVED
DISTRICT HEALTH DEPARTMENT
7-27-85
8-13-87
Date Recd
Order No. 2

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.....

William M. Turner, Registered Apprentice No. *470*
working under my personal supervision.

Signed *Edith Huston*
Licensed Embalmer No. *3391*
P. O. Address *Windsor, 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.