

S. No. 2  
M-2-43  
5-17-39  
X3597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40965

State File No. ....

**FILED** **1945**  
Registration District No. **79**

Primary Registration District No. **41-41-1306**

Registrar's No. **7**

1. PLACE OF DEATH:  
(a) County Cole  
(b) City or town "RURAL" Marion Sub  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Centertown, Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 71 years  
(Specify whether  
In this community 71 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cole **26**  
(c) City or town Centertown, Missouri **0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. none **0**  
(If rural, give location) **0**  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME William Leonard Durham  
(b) If veteran, name war.....  
(c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 20  
year 1945 hour 4 minute 00 P.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Lula Mae Durham  
(c) Age of husband or wife if alive 67 years  
7. Birth date of deceased: October 16 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1944 1944 to Dec 20 1945  
that I last saw him alive on Dec 20 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
71 2 4 hr. min.

Immediate cause of death myocardial infarction  
Due to cerebral hemorrhage and hemiplegia **7.00**  
Due to essential hypertension **18.00**  
Other conditions.....  
(Include pregnancy within 3 months of death)

9. Birthplace Cole County, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation State Highway Maintenance

Major findings: Of operations 930  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business.....  
12. Name Hamilton Durham  
13. Birthplace Not Known **9**  
(City, town, or county) (State or foreign country)  
14. Maiden name Hulda Hickham  
15. Birthplace Not Known **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant J. Paul Durham  
(b) Address Centertown, Missouri  
17. (a) Burial (b) Date thereof Dec-23-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Centertown, Missouri  
18. (a) Signature of funeral director Robt. G. Cordm  
(b) Address Jefferson City, Missouri  
19. (a) 12-27-1945 (b) Oral P. Hutson  
(Date received local registrar) (Registrar's signature)

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 **2**  
23. Signature Oral P. Hutson  
Address Centertown, Missouri Date signed 12-29-45

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

76  
0  
6

RECEIVED

District Health Officer No. 9

District File Number \_\_\_\_\_

Date Filed 1-4-46

MAR 8 1956

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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 Ferd P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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.