

REC'D JUL 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21259

Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Howe Primary Registration District No. 1007
(c) City Howe Mo (d) Street No. W. E. Sen Dept Registered No. 2527 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lucille O. Darr (Lucille O. Darr)
(a) Residence, No. 607 Lucille O Darr St. (If nonresident, give city or town and State)
1212 Linwood (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 23, 1917

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
22. 3 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark. 1

FATHER
13. NAME M. A. Darr 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 1

MOTHER
15. MAIDEN NAME Mary Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark. 1

17. INFORMANT Record Clerk
(ADDRESS) W. E. Sen Dept

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rector, Ark. DATE June 22nd 1939

19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster
(ADDRESS) 918 Brooklyn Avenue, K. C. Mo.

20. FILED 6/22 19 39 M. M. Terome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21-39 19

22. I HEREBY CERTIFY, That I attended deceased from 6-20-39 19..... to 6-21-39 19.....
I last saw her alive on 6-21-39 19..... Death is said to have occurred on the date stated above, at 5:45 m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of
Primary gland
(3)

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) P. F. De Marco, M. D.
(Address) Dept W. E. Sen Dept

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X14023

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.....

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, above space should be left blank.