

JAN 8 1940

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

44791
Do not use this space.

1. PLACE OF DEATH
 (a) County Saline Registration District No. 298
 (b) Township Salt Fork Primary Registration District No. 6041 Registered No. _____
 (c) City _____ (d) Street No. _____ 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 Ralph Dean Darby
 (a) Residence, No. Marshall, Mo. Route # 1 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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. 20th, 1939

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>6</u>	<u>23</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Saline County (STATE OR COUNTRY) Missouri

FATHER

13. NAME Harry Darby

14. BIRTHPLACE (CITY OR TOWN) Saline County (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Verna May Yeates

16. BIRTHPLACE (CITY OR TOWN) Saline County (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Harry Darby
Marshall, Mo. Route # 1.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazel Grove Cem. DATE Sept 13, 1939

19. FUNERAL DIRECTOR (NAME) Campbell-Lewis (ADDRESS) Marshall Mo.

20. FILED Dec 27 1939 E. L. Chiswell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-4 1939, to 9-12 1939
 I last saw him alive on 9-11 1939 Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:
Intestinal flu
 Date of onset 9-13-39

Other contributory causes of importance:
None

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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? No
 If so, specify _____
 (Signed) A. Putnam, M. D.
Marshall Mo. (Address) 710

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.

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.....

Jan N. Ruis....., Registered Apprentice No. *FTT*
working under my personal supervision.

Signed *Jan N. Ruis*.....

Licensed Embalmer No. *1171*.....

P. O. Address *Marshall 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, above space should be left blank.