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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20824 2441

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home 711 Spruce (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 711 Spruce Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Melvin Alonzo Darrah 60

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lena Caroline Darrah

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased March (Month) 23 (Day) 1854 (Year)

8. AGE: Years 86 Months 2 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace West Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business (Railroad)

FATHER
12. Name Andrew Jackson Darrah
13. Birthplace West Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Wright
15. Birthplace West Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Orval A. Darrah

(b) Address 711 Spruce K. C. Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-17-40 (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick, Mo

18. (a) Signature of funeral director Morton Funeral Home

(b) Address No. Kansas City Mo

19. (a) June 1540 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1940 hour 2 minute 20 A M.

21. I hereby certify that I attended the deceased from Jany 4th, 1940 to June 14, 1940; that I last saw him alive on June 14, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Liver 46	1 year
Due to undetermined Generalized Arteriosclerosis	Indefinite
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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 Chas. L. Peery (M.D. or other)

Address 701 Norton Ave. K. C. Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed Harold Posson

Licensed Embalmer No. 3605

P. O. Address No. Kansas 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, above space should be left blank.