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

FILED JAN 28 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44068

Registration District No. 834 Primary Registration District No. 4506 Registrar's No. 39

1. PLACE OF DEATH:
(a) County STODDARD
(b) City or town BELL CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County STODDARD
(c) City or town BELL CITY
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME SAMUEL U. DARNELL

3. (b) If veteran, name war
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MATTIE
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased JAN (Month) 20 (Day) 1866 (Year)

8. AGE: Years 74 Months 11 Days 7 If less than one day hr. min.

9. Birthplace BUTLER COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER 0
11. Industry or business 7
MOTHER FATHER
12. Name JOHN DARNELL 7
13. Birthplace DON'T KNOW (City, town, or county) (State or foreign country)
14. Maiden name NANCY BROOKS
15. Birthplace DON'T KNOW (City, town, or county) (State or foreign country)
16. (a) Informant J. W. Darnell
(b) Address 506 E 4th St Cincinnati Ohio
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12 (Month) 24 (Day) 40 (Year)
(c) Place: burial or cremation COMMERCE, MO.
18. (a) Signature of funeral director T. C. Ripley Ho
(b) Address Chaffee Mo.
19. (a) Jan 2 - 1941 (Date received local registrar) (b) D. S. McGee 758 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1940 hour 8 minute a M.
21. I hereby certify that I attended the deceased from Unattended, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Struck by freight train
Due to Skull fracture
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

Duration

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) accident
(b) Date of occurrence 12/27/40
(c) Where did injury occur? Bell City Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Rail Road (Specify type of place)
While at work? (e) Means of injury
23. Signature John Wilson (M. D. or other) 5
Address Bloomfield Mo Date signed 12/27/40
Bowmer

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 141-2
Date Filed 4/8/4

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 ME, Registered Apprentice No. ..... working under my personal supervision.

Signed Glen Watson

Licensed Embalmer No. 7878

P. O. Address Jackson 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.