

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.

FILLED NOV 10 1941

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

34226
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 34
 (b) Township Liberty Primary Registration District No. 15050 Registered No. 17
 (c) City Exeter (d) Street No. _____
 (e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number) _____ St.
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

DARRELL EUPHAN PACKWOOD
 (a) Residence, No. Exeter Rural St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 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) Jan 6 1927
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14 8 17
 OCCUPATION 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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1941
 22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1941 to Sept 23 1941
 I last saw him alive on Sept 20 1941. Death is said to have occurred on the date stated above, at 12:35 p.m.
 The principal cause of death and related causes of importance were as follows:

Respiratory Paralysis Date of onset 9-20-41
 Other contributory causes of importance:
Brain Abnormalities from Birth

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

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? no
 If so, specify _____
 (Signed) O. S. McCall, M. D.
 (Address) Whiston Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Mo

FATHER 13. NAME Wayne Packwood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Ina England

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Wayne Packwood Exeter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Exeter Mo DATE Sept 24 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wheeler Mo

20. FILED Oct. 3 1941 Mrs. H. P. Searey Local Registrar

RECEIVED

District Health Officer No. 6,

District File Number 1141-11648

Date Filed NOV 4 1941

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 Wm Morris Pogue

Licensed Embalmer No. 3462

P. O. Address Wheaton, Md

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.