

FILED FEB 18 1942 310

State File No.

Registration District No.

Primary Registration District No. 4186

Registrar's No. 7

1. PLACE OF DEATH:
 (a) County Gentry
 (b) City or town Darlington town
(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 lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Gentry
 (c) City or town Darlington, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Nartha Elizabeth David
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 24
 year 1942 hour 7 minute 40 A. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Caleb C. David 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased April 3 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 20 1941 to Jan 24 1942
 that I last saw her alive on..... 19.....
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
71 9 21 hr. min.

Immediate cause of death Cerebral Hemorrhage
 Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death) 43a

9. Birthplace Gentry County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation housewife

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....
 12. Name Uriah W. Carlock
 13. Birthplace Gentry Co. Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Amanda Lowe
 15. Birthplace Harrison Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Basil David
 (b) Address Darlington, Missouri
 17. (a) Burial (b) Date thereof 1-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rouse Cemetery
 18. (a) Signature of funeral director Edith B. Burke
 (b) Address Albany, Mo.

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?
 While at work?.....
(Specify type of place) (e) Means of injury.....

19. (a) Jan 24-1942
(Date received local registrar)
 (b) Howard M. Meltzer
(Registrar's signature)
 (c) Howard M. Meltzer
(Licensed Embalmer's Statement on Reverse Side)

23. Signature J. N. Berger (M. D. or other).....
 Address Albany, Mo. Date signed 1-24-42

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

389

389

0

Duration
 of life

1108

45

APR 19 1961

SA
M.M.
M 220
MAY 21 1961

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 *William B. Burns*
.....
Licensed Embalmer No. 3329.....

P. O. Address Albany, Missouri.....

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.