

FILED APR 20 1942

Registration District No. 278

Primary Registration District No. 5694

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

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1. PLACE OF DEATH:

(a) County McDonald <sup>Qu</sup>

(b) City or town Tiff City Rural—McMillan

(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 1

In this community 40 years

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald 060

(c) City or town Tiff City Rural 0

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

(d) Street No. East of - 3 Mi

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Siloam Darnell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 1865 years

7. Birth date of deceased May 2nd

(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Georgia

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer - Blacksmith

11. Industry or business OWN

12. Name Miles Darnell

13. Birthplace Georgia

(City, town, or county) (State or foreign country)

14. Maiden name Wm. Knowlton

15. Birthplace Wm. Knowlton

(City, town, or county) (State or foreign country)

16. (a) Informant Emma Darnell

(b) Address Franklin Mo

17. (a) burial (b) Date thereof Mar 14th 1942

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cummings-Tiff City Mo

18. (a) Signature of funeral director Koolbase

(b) Address Seneca Mo

19. (a) 3-15-1942 (b) Wm. Mitchell

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 12th day

year 1942 hour 5:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Feb 1 to Mar 1 1942

that I last saw him alive on Mar 1 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations H&P

Of autopsy \_\_\_\_\_

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 Wm. Mitchell (M., D., or other) MD

Address Seneca Mo Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 6;

District File Number 442-570

Date Filed APR 16 1942

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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 Barney Thompson  
Licensed Embalmer No. 3259  
P. O. Address Neosho 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.