

FILED AUG 21 1942  
Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 90

48  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Little Blaurock (Rural)  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson Co. Emergency Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs. 15 min.  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. Lee Summit, Mo.  
(If rural, give location)

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

8. (a) PRINT FULL NAME CARROLL GENE DARBY

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced. 0

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

7. Birth date of deceased Aug. 9, 1942  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>5 hr. 15 min.</u>

9. Birthplace Jackson Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Gay Daniel Darby

13. Birthplace Bethany Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Nellie Hunter

15. Birthplace unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Jackson Co. Emerg. Hospital

(b) Address Little Blau, Mo.

17. (a) Burial (b) Date thereof 3-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee Summit

18. (a) Signature of funeral director N. B. Langford

(b) Address Lee Summit, Mo.

20. DATE OF DEATH: Month Aug day 9<sup>th</sup>  
year 1942 hour 1-0 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 9<sup>th</sup> 1942 to Aug 9, 1942 that I last saw her alive on Aug 9 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Secondary Typhoid

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

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

Other conditions (include pregnancy within 3 months of death) 30g.

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature J. B. Daily (M. D. or other) \_\_\_\_\_  
Address Independence, Mo. Date signed 8/9/42

**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 W. B. Langford  
Licensed Embalmer No. 3823  
P. O. Address Lees Summit

**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.**