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State File No.

Registration District No. 267

Primary Registration District No. 5900

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Life-time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Braggadocio
(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: 0

3. (a) PRINT FULL NAME Stephen Joe Darnell

(b) If veteran, name war: (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th, year 1942 hour 3 minute P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive 25 years (Day) (Year)

7. Birth date of deceased February 25 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov., 1942 to Nov. 11, 1942 that I last saw him alive on Nov. 11, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 0 Months 8 Days 16 If less than one day hr. min.

Immediate cause of death: Broncho-pneumonia ✓ Duration

9. Birthplace Braggadocio, Missouri
(City, town, or county) (State or foreign country)

Due to:

Due to:

10. Usual occupation:

Other conditions (Include pregnancy within 3 months of death):

11. Industry or business:

Major findings: Of operations:

12. Name John W. Darnell

13. Birthplace Braggadocio, Missouri
(City, town, or county) (State or foreign country)

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

14. Maiden name Florence Newson

15. Birthplace Cameдон, Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John W. Darnell

(b) Address Braggadocio, Mo.

17. (a) Burial (b) Date thereof 11/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director A. S. Smith

(b) Address Caruthersville, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

19. (a) 11-13-42 (b) Mrs. A. G. Shirey
(Date received local registrar) (Registrar's signature)

(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 Geo. Phipps (M. D. or other)
Address Caruthersville, Mo. Date signed 11/13/42

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

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STATEMENT BY LICENSED EMBALMER

Not

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
Body was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *James A. Osburn*.....
Licensed Embalmer No. 4185.....
P. O. Address..... Caruthersville, 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.

STANDARD CERTIFICATE OF DEATH

State File No. 37729

Registration District No. 267

Primary Registration District No. 5900

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Parma
(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. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Stephen Joe Daniel
3 (c) Social Security _____
(b) If veteran, name war _____ No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 11 year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Feb 25 (Month) (Day) (Year)

Immediate cause of death: Branchio
neuronal Duration _____

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ min.

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____ (City, town, or county) _____ (State or foreign country)
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____
Other conditions: Politis was present
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____
1190
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work: _____ (Specify type of place)
(c) Means of injury _____
23. Signature Geo. Shipp (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

