

FILED JAN 14 1943

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4880

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 28 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4266 Clark
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE W. DARNELL

(b) If veteran, name war no (c) Social Security No. 495-03-4174

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Agnes Darnell 6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased 5-4-1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 7 24 hr. min.

9. Birthplace Ottawa Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Garage mgn

11. Industry or business _____

MOTHER FATHER
12. Name James Darnell
13. Birthplace Kans. 1
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Mally
15. Birthplace Kans. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes Darnell

(b) Address 4266 Clark

17. (a) Burial (b) Date thereof 12/30/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Dwight E. Tobin Co

(b) Address 20 West Linwood

19. (a) 12-29-42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28
1942 year hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec 14
1942 to Dec 28, 1942
that I last saw him alive on Dec 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death meningitis
Duration 1 wk.

Due to Empyema left frontal sinus 2 wks.

Due to _____

Other conditions Diabetes Mellitus ?
(Include pregnancy within 5 months of death)

Major findings: 61
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 James H. O'Neil (M. D. or other)
Address 510 Professional Bldg Date signed 12/29/42

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

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 Charles M. Zurek
Licensed Embalmer No. 3774
P. O. Address K O 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.