

FILED MAR 18 1943

Registration District No. 18

Primary Registration District No. 4301

Registrar's No. 3

1. PLACE OF DEATH:

(a) County linn
(b) City or town meadville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
X /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community 6 3/4 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County linn
(c) City or town meadville
(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 William Perry Darling

3. (b) If veteran, name war A 3. (c) Social Security No. Fl.O.R.S.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Anna May Darling 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 18 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 2 22 hr. _____ min.

9. Birthplace lake Co. Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business _____

MOTHER FATHER { 12. Name Simon Darling
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Childers
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Anna May Darling
(b) Address meadville mo

17. (a) Burial (b) Date thereof Feb 12 '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation meadville cemetery

18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Mo

19. (a) Feb. 12, 1943 (b) Mrs. Vivian Rowland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1943 hour 3 minute _____ A.M.
21. I hereby certify that I attended the deceased from Aug 1 1942 to Jan 10 1943
that I last saw him alive on Jan 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of
Ovary and of
Stomach

Due to _____
Due to _____

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

Major findings: Of operations 46 L
Of autopsy _____

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 E. J. Weis (M. D. or other)
Address meadville Date signed 2-11

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

0058

43

MIN 7 1944

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 Self
....., Registered Apprentice No.
working under my personal supervision.

Signed

F. L. Smiley

Licensed Embalmer No.

470

P. O. Address

Wheeling, 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.