

S. No. 2
DM-2-43
v. 5-17-39
X35827
44
0

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 51

Registration District No. 139 Primary Registration District No. 4221

1. PLACE OF DEATH: Holt
(a) County Mound City,
(b) City or town (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 Missouri Holt
(b) County Holt
(c) City or town Mound City.
(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.

3. (a) PRINT FULL NAME Amelia Nancy Darnell
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 25th.
year 1944. hour 8 minute 30 AM

4. Sex Female 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 years
7. Birth date of deceased. Sept 1st, 1861.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 20 1944 to Jan 25 1944
that I last saw her alive on Jan 24 1944 and that death occurred on the date and hour stated above.
Immediate cause of death: Cerebral hemorrhage
Duration 4 days

8. AGE: Years 82 Months 4 Days 24 If less than one day hr. min.

Due to arterio-sclerosis
Due to

9. Birthplace Mayslick, Ky.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

10. Usual occupation House work.

11. Industry or business
12. Name Littleton D. Darnell
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

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) Was it injury occur?
(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

16. (a) Informant S. T. Darnell
(b) Address Mound City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27th
(Month) (Day) (Year)
(c) Place: burial or cremation. Mound City Cemetery.

18. (a) Signature of funeral director
(b) Address Mound City Mo.

19. (a) 1-27-44 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

23. Signature J. E. Hogan (M. D. or other)
Address Mound City Date signed 1-27-44

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.