S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20575

Registration District No. 156 | Primary Registration District No. 2001 | Registrar's No. 268

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: St. Johns Hospital. Joplin Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs. (Specify whether) 0

In this community 30 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

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

(d) Street No. 836 Campbell St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: Rose Darnell

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 3

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: no data (Month) (Day) (Year)

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: House Work

11. Industry or business:

MOTHER FATHER

12. Name: No Data

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

14. Maiden name: No Data

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

16. (a) Informant: Mildred Mc. Clanahan

(b) Address: Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-15-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Park Cemetery Carthage Mo.

18. (a) Signature of funeral director: Hedge Lewis

(b) Address: Webb City

19. (a) 6-13-45 (Date received local registrar) (b) Gertrude Sudhoeter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1945 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from: did not attend, 19..., to, 19..., that I last saw h... alive on, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Fractured Skull Bleeding Brain Hit Car

Due to: Force Skull Fracture

Due to: Brain Number Large

Other conditions (Include pregnancy within 3 months of death): 8

Major findings: Of operations: 1700-23 Autopsy

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): Accident 22

(b) Date of occurrence: 6/10/45

(c) Where did injury occur? Joplin Jasper Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury: Fairmont

(f) Signature: D. H. Worrell (M. D. or other) M.D.

Address: 211 Joplin Date signed: 6/13/45

(Licensed Embalmer's Statement on Reverse Side)

45-6-506

Dr. Johnson

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 Richard Gray Lewis, Registered Apprentice No. 360, working under my personal supervision.

Signed: C. W. Sledge

Licensed Embalmer No. 859

P. O. Address Webb City

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.