

FILED FEB 18 1946

Registration District No.

Primary Registration District No. 2000

Registrar's No. 50

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: Burge Hospital
(d) Length of stay: In hospital or institution 8 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas
(c) City or town Buffalo
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Hannah Virginia Darby

3. (b) If veteran name war None (c) Social Security No. NONE

4. Sex female 5. Color or race white 6. (a) Single, widowed, married divorced Widowed
6. (b) Name of husband or wife DARRBY 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased 12, 1859

8. AGE: Years 86 Months 2 Days 4 hr. min.

9. Birthplace Dallas Co. Mo.

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Unk. 9
13. Birthplace Unk. 9
14. Maiden name Eliza Danderford 4
15. Birthplace Unk. 4

16. (a) Informant Mrs. S. H. Gurley (daughter)

(b) Address 2000 N. Lyon, S.P.D., Mo.

17. (a) Burial (b) Date thereof 1-18-46

(c) Place: burial or cremation BUFFALO, Mo.

18. (a) Signature of funeral director L. S. JONES

(b) Address BUFFALO, Mo.

(a) 1-19-46 (b) S. W. Handley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 46 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from 8 January 1946 to 16 January 1946 that I last saw her alive on 16 January 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema (Hypostephrenia) 2 days

Due to Fracture, simple, interlocking left femur 8 days

Other conditions Senile Dementia

Major findings: Of operations 186 18
Of autopsy 186 18

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

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

(b) Date of occurrence 8 Jan. 1946

(c) Where did injury occur Buffalo, Dallas County Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature Daniel F. Yancey (M. D. or other)

Address Springfield, Mo. Date signed 19 Jan 46

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 Leonard B. Jones
Licensed Embalmer No. 3508
P. O. Address Buffalo 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.

X