

FILED APR 8 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 58

Primary Registration District No. 5212

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Carter

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

(c) Name of hospital or institution:
Ellsinore Rt 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Carter

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

(d) Street No. Ellsinore Rt 1
(if rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nancy Susan Darnell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 25 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Wayne Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Bent Darnell

13. Birthplace Madison Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Barrett

15. Birthplace Madison Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Cora Pyles

(b) Address Ellsinore, Mo.

17. (a) Burial (b) Date thereof 1/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Top Cemetery Greer Croy & Ritch

18. (a) Signature of funeral director _____ (b) Address Poplar bluff, Mo.

19. (a) Mar 12 46 (b) Mrs Octa Henson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1946 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 16 1945 to Jan 2 1946 that I last saw her alive on Jan 2 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of head of pancreas

Due to _____

Due to _____

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

Major findings: 467

Of operations _____

Of autopsy _____

Duration _____

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 0

23. Signature W. H. Henshaw (M. D. or other) xxx mo

Address Poplar Bluff, Mo. Date signed 1-11-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5, .

District File No. 446 276

Date Filed 4.6.46

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Ogden Bluff MD

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.