

FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. 15999

Registration District No. 59

Primary Registration District No. 4093

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Cass
(b) City or town East Lynne,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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, (b) County Cass
(c) City or town East Lynne,
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Anna Eliza Darrah

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased March 26th, 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months I Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name George H. Clark Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Robert Elvira Slice Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant: Ralph Darrah

(b) Address: East Lynne, Mo.

17. (a) Burial (b) Date thereof May 10 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Fork

18. (a) Signature of funeral director A. D. Hartzler

(b) Address: East Lynne, Mo.

19. (a) May 13 - 1946 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th year 1946 hour 9:30 AM M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral degeneration due to arteriosclerosis
Due to: see cause

Other conditions: _____
(include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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. M. Griffith (M. D. or other) Address: Harrisonville Date signed 5/19/46

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

1891

19
0
0
1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Crown Co

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 *G. D. Wanzler*

Licensed Embalmer No. 2717

P. O. Address East Lynne 7110

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, above space should be left blank.