

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 10 1946

Registration District No. 140

Primary Registration District No. 4229

Registrar's No. 9

1. PLACE OF DEATH:
 (a) County Howard
 (b) City or town New Franklin
(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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Howard 45
 (c) City or town New Franklin Mo. 3
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME NICK DARBY
 (b) If veteran, name war _____
 (c) Social Security No. 499-01-4066

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 23
 year 1946 hour 10 minute a M.

4. Sex Male 5. Color or race Colored
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elyse Bowman
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased July (Month) 1888 (Day) (Year)

21. I hereby certify that I attended the deceased from 7/8 1946 to 8/19 1946
 that I last saw him alive on Aug. 19 1946
 and that death occurred on the date and hour stated above.

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

Immediate cause of death: acute insuff. with decompensation
 Due to _____
 Due to _____

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

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation Cook

11. Industry or business Brown Hotel

12. Name Albert Darby

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

14. Maiden name Miller Darby

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

16. (a) Informant Clayce Darby

(b) Address New Franklin, Mo

17. (a) Burial (b) Date thereof 8-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Pleasant

18. (a) Signature of funeral director C. S. Duncan

(b) Address New Franklin, Mo

19. (a) 8-24-46 (b) Mrs Lee Bowman
(Date received local registrar) (Registrar's signature)

Major findings: Of operations None 2 of _____
 Of autopsy None 0 of _____

Duration 1 year
 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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature New Ravinsky (M. D. or other) _____
 Address Bornell, Mo Date signed 8.26 46

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

MOTHER FATHER

RECEIVED

District Health Officer No: H₁

District File Number

Date Filed 9-7-46

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 W. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin

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.