. S. No. 2
DM—8-43
v. 5-17-39
I X37825

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27989

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

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

2
2
1

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike Co. Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 12 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike 82
(c) City or town Bowling Green 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William P. Darnell
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Darnell
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Oct. (Month) 14 (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
87	10	11	hr. min.

9. Birthplace Lincoln Co (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Lewis Darnell
13. Birthplace (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Bettie Calhoun
15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs Bertha Darnell
(b) Address Bowling Green Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Curryville Mo
18. (a) Signature of funeral director W. B. Elmore
(b) Address Bowling Green
19. (a) Aug. 27/46 (Date received local registrar) (b) Margaret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25 year 1946 hour minute M.
21. I hereby certify that I attended the deceased from 8-23-46 / 8-25, 1946 to 8-25-46, 19 ; that I last saw him alive on 8-25-46, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute dilatation of heart	
Due to	
Due to Chronic Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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) None
(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 0
23. Signature [signature] (M. D. or other)
Address Date signed

255 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-46-1683
Date Filed SEP 11 1946

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. B. Elmore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.