No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39324

Registration District No. 336 Primary Registration District No. 6121 Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Birch Tree Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether
In this community 62 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon 101

(c) City or town Birch Tree Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Vinnie Darling

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife J B Darling

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased April (Month) 28 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
7472	6	10	hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Ed Cole
13. Birthplace Penn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Virginia Higgenbotham
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant J B Darling
(b) Address Birch Tree Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Birch Tree Mo.

18. (a) Signature of funeral director John F Dinman
(b) Address Mountain View Mo.

19. (a) 12 9 46 (Date received local registrar) (b) Mabel Rollin (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 8th
year 1946 hour 7 minute a.M.

21. I hereby certify that I attended the deceased from April 1, 1946, to Nov. 8, 1946
that I last saw her alive on Nov 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Anemia & Myocarditis 3 yrs

Due to

Due to

Other conditions 93D
(Include pregnancy within 3 months of death)

Major findings:
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. D. Davis (M. D. or other)
Address Birch Tree Mo Date signed 12/9-46

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

38139

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(Licensed Embalmer's Statement on Reverse Side)

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. Joe F. Duncan

Licensed Embalmer No. 4325

P. O. Address Mtn. View 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.