

No. 2
-12-45
5-17-39
1 X47370

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8615**
Registrar's No. **260**

FILED MAR 28 1947

Registration District No. **128** Primary Registration District No. **2000**

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: City Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month
2 Years (Specify whether years, months or days)

In this community 2 Years

3. (a) PRINT FULL NAME. JAMES DARLING

3. (b) If veteran, name war none

3. (c) Social Security No. _____

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Elia Darling

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

7. Birth date of deceased January 26, 1869
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>78</u> | <u>1</u> | <u>24</u> | _____ hr. _____ min. |

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

10. Usual occupation Retired machinist

11. Industry or business Burlington Rail Road

12. Name Simon Darling

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Elia Darling

(b) Address 1103 E. Dale St., Springfield, Mo.

17. (a) BURIAL (b) Date thereof Mar. 22, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Spradgo, Ethiere

(b) Address Springfield, Mo.

19. (a) 3-21-47 (b) W. H. Hurdley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Greene **39**

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

(d) Street No. 1103 E. Dale St.
(If rural, give location) **3**

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 20th
year 1947 hour 11:30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from July 7, 1947 to March 20, 1947
that I last saw him alive on March 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic Duration 1 year

Due to Arteriosclerosis Generalized 1 year

Other conditions Benign Hypertrophy of Prostate
(Include pregnancy within 3 months of death)

Major findings: Benign Hypertrophic Prostate

Of operations _____

Of autopsy 137P

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. F. Bechtold M.D. (If, D. obit.)

Address 318 1/2 E. Commercial Date signed March 21 1947

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Ralph H. Thieme

Licensed Embalmer No. **3681**

P. O. Address **Springfield, 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.