

Registration District No. 212

Primary Registration District No. 3044

Registrar's No. 53

1. PLACE OF DEATH

(a) County Miller
(b) City or town Elean
(c) Name of hospital or institution 616 E. Newton
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller
(c) City or town Elean
(d) Street No. 616 E. Newton
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALEX GRANGE DARRALL

3. (b) If veteran Sp. Am. WAR 3. (c) Social Security No.

4. Sex Male 5. Color or white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Beck Darrall 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Oct. 27 1877

8. AGE: Years 69 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Woodstock Illinois

10. Usual occupation Retired Rail way

11. Industry or business Engineer

12. Name John Cass Darrall

13. Birthplace Ohio

14. Maiden name Nancy Rossall

15. Birthplace England

16. (a) Informant Grace Darrall

(b) Address Elean, Mo.

17. (a) Burial (b) Date thereof 10-25-1947

(c) Place: burial or cremation Elean Cemetery

18. (a) Signature of funeral director John D. Phillips

(b) Address Elean, Mo.
19. (a) 10-25-47 (b) Wilburna Walts

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 year 1947 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from 23 1947 to 22 1947 that I last saw him live on Oct 22 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Duration Sestact
Due to
Due to

Other conditions 94A
(Include pregnancy within 8 months of death)

Major findings: Of operations
Of autopsy
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?

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

23. Signature J. L. Allen (M. D. or D. O.)
Address Elean, Mo. Date signed 10/24/47

ENCLOSED
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE OCT 28 1947 RECORD

JAN 17 1950

MAR 1 1950
JAN 22 1950

OCT 31 1947

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.....

Jessie D. Phillips, Registered Apprentice No.
working under my personal supervision.

Signed.....

Jessie D. Phillips
Licensed Embalmer No. *3665*

P. O. Address *Bedon*

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.