

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED DEC 17 1947

Registrar's No. 258

Registration District No. 257

Primary Registration District No. 4214

1. PLACE OF DEATH:

(a) County: Henry

(b) City or town: Deepwater Mo.
(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 _____
years, months or days.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: HENRY 42

(c) City or town: Deepwater 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME: Norace Marshal Dark

3. (b) If veteran, name war: no

3. (c) Social Security No.: 492-18-2452

4. Sex: male 5. Color: white 6. (a) Single, widowed, married, divorced: widowed

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

7. Birth date of deceased: Nov 2 1868
(Month) (Day) (Year)

8. AGE: Years: 79 Months: 1 Days: 5 If less than one day: _____ hr. _____ min.

9. Birthplace: Chalk Level Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: _____

12. Name: Thomas Oliver Dark

13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

14. Maiden name: Clara Isabel Conner

15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Russell Dark

(b) Address: Deepwater Mo.

17. (a) Burial (b) Date thereof: 12-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Eaglewood Cem

18. (a) Signature of funeral director: Tom Shred

(b) Address: Deepwater Mo.

19. (a) 12-9-47 (b) H. R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 7th year: 1947 hour: _____ minute: _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ that I last saw _____ on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death: Found dead in his house. As he had heart trouble, I believe cause of death was Coronary Thrombosis.

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: 949

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: _____

Signature: W. R. S. Hallingwood (City or town) _____ Date signed: 12/9/47

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7,
11-47-1939
District File Number
12-19-47
Date Filed

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

Tom Anual

Licensed Embalmer No. *27822*

P. O. Address *Deepwater 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.