S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 24 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 18541

Registration District No. 1 | Primary Registration District No. 3000 | Registrar's No. 184

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim Smith Memorial 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 8 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair 1
(c) City or town: Kirksville (If outside city or town limits, write "RURAL") 3
(d) Street No. 906 E. Jefferson (If rural, give location) 3
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: MINNIE MAY DARR
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F 1
5. Color or race: W
6. (a) ~~Single, widowed,~~ married, ~~divorced~~: Married
6. (b) Name of husband or wife: Charles Darr
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April 16, 1886 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 62 | 2 | 1 | hr. min. |

9. Birthplace: Adair County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business
FATHER
12. Name: Mr. James M. Jones
13. Birthplace: Tenn. (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name: Polly Jones
15. Birthplace: Tenn. (City, town, or county) (State or foreign country) 1
16. (a) Informant: Charles L. Darr
(b) Address: Kirksville, Mo.
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof: 6-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Angus Point Cemetery
18. (a) Signature of funeral director: Summers & Powell
(b) Address: Kirksville, Mo.
19. (a) 6-17-48 (Date received local registrar) (b) Nate Lambert (Registrar's signature) 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1948 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 9 1948 to June 17 1948 that I last saw her alive on 6-16 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Uremia — | 1 wk |
| Due to: — Urinary infection kidney and bladder | 3 wks. |
| Due to: — | |
| Other conditions: — Nausea (Include pregnancy within 3 months of death) | 3 mo. |

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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 0
23. Signature: George E. Grim (M. D. or other) MD
Address: Kirksville, Missouri Date signed 6/17/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-48-1078
Date Filed JUN 22 1948

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 James J. Taylor, Registered Apprentice No. 436, working under my personal supervision.

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.