No. 300
4—10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26233

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3348

**1. PLACE OF DEATH:**
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
1109 Professional Bldg., c
(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 32 yrs. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 482 Wallace 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME DARLING, Clarence Arthur

3. (b) If veteran, name war No

3. (c) Social Security No. 499-10-3800

4. Sex Male 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Verna Gibson Darling

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased 9/17/1883 (Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 29 If less than one day hr. min.

9. Birthplace New Cambria, (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Foegel Constr's. Inc.,

MOTHER FATHER

12. Name William Arthur Darling

13. Birthplace Wheeling, (City, town, or county) West Va. 1 (State or foreign country)

14. Maiden name Molly Elizabeth Darling

15. Birthplace Macon Co., (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Verna Darling
(b) Address 482 Wallace, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director John P. Sheil
(b) Address Kansas City, Mo.

19. (a) 8-17-48 (Date received local registrar) (b) Geraldine Walmer (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 8 day 16 year 1948 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Acute Posterior Coronary
Due to Occlusion
Due to
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner
Major findings:
Of operations
Of autopsy See Above

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 A. E. Upner M.D. (M. D. or Coroner)
Address 2800 Main Date signed 8/16/48

(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 Charles E Murfield, Registered Apprentice No. 18, working under my personal supervision.

Signed John C Shield

Licensed Embalmer No. 3625

P. O. Address K C 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.**