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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26258**
Registrar's No. **3000**

Primary Registration District No. 1002

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

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:
615 East 13 St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Edith B. Darning
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William Darning 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 25 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 9 24 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Arthur T Ogle
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Livensberger
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Charlene Sperry
(b) Address Osage Beach Missouri

17. (a) Burial (b) Date thereof July 22, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington Cem.

18. (a) Signature of funeral director Mrs C.L. Forster
(b) Address 918 Brooklyn

19. (a) 7-22-48 (b) Geraldine Holme
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 615 East 13 St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month July day 19
year 1948 hour 11 minute P. M.

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

Immediate cause of death Coronary sclerosis
Due to arteriosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____
Of autopsy no
History of hypertension

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 [Signature] (M. D. or other) [Signature]
Address 1424 N. 1st St. Date signed 7-21-48

Duration
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.....

Joe B. Yoder
.....

Licensed Embalmer No.....

4173

P. O. Address.....

918 Brooklyn

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.

K.C. MO