

Registration District No. 137

Primary Registration District No. 3023

State File No. _____

Registrar's No. 233

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution General Hospital
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Clinton 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 324 W Grand 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose M. Darrell

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. 12 16 1946
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER { 12. Name James L. Darrell
13. Birthplace St Clair Mo (City, town, or county) (State or foreign country)
14. Maiden name Goldman Darrell
15. Birthplace Darrell Va (City, town, or county) (State or foreign country)

16. (a) Informant James L. Darrell

(b) Address 324 W Grand, Clinton Mo

17. (a) General (b) Date thereof. 12 18 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Am

18. (a) Signature of funeral director Ed Wellman

(b) Address Clinton Mo

19. (a) 12-18-46 (b) R. R. Kerney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17
year 1946 hour _____ minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-16-46
_____, 19____, to 12-17, 1946;
that I last saw her alive on 12-17, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death premature birth (6 mo) Duration 1 day

Due to _____

Due to _____

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

Major findings: 157
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. H. Walker (M.D. or other) M.D.
Address Clinton Mo Date signed 12-18-46

12-24-41
11-25-1937
DISTRICT HEALTH OFFICER NO. 7
CHICAGO

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.....

not embalmed....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.