

No. 2
-1/47
-17-39

41499

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 30 1947
Registration District No. 197

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 269

Primary Registration District No. 3023

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
302 W. Franklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Harrison 420
(c) City or town Clinton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 302 W. Franklin 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME EMMA KATHERINE DARMAN
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 26
year 1947 hour 10 minute 40 A.M.
21. I hereby certify that I attended the deceased from May 31
1947, to Dec. 26 1947
that I last saw her alive on Dec. 26 1947
and that death occurred on the date and hour stated above.

4. Sex fe 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.....
(Month) 4 - (Day) 17 - (Year) 1865

Immediate cause of death Apoplexy
Duration

8. AGE: Years Months Days If less than one day
82 8 9 hr. min.

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

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

10. Usual occupation HOUSEKEEPER

11. Industry or business none
12. Name Jaribel Gideon Darman
13. Birthplace Bombay Co. Ky.
(City, town, or county) (State or foreign country)

Major findings:
Of operations 838
Of autopsy.....
PHYSICIAN
Underline the cause of which death should be charged statistically.

14. Maiden name Adolphina Miller
15. Birthplace Lindick Co. Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Waltera Phellessa
(b) Address Clinton Mo.
17. (a) Burial (b) Date thereof 12-28-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Englewood

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?..... Means of injury.....
23. Signature Ed. C. Peeler M.D. (M.D. or other)
Address Clinton Mo Date signed 12/27/47

18. (c) Signature of funeral director Full Withers
(b) Address Clinton Mo.
19. (a) 12-27-47 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 11-47-1987

Date Filed 12-29-47

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 G. L. Wilkinson

Licensed Embalmer No. 4376

P. O. Address Clinton 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.