

No. 2
13-40
17-39
1-1-40

JAN 25 1941

328

State File No. _____

Registration District No. _____

Primary Registration District No. 5460

Registrar's No. _____

1. PLACE OF DEATH

(a) County Grundy

(b) City or town Rural - JACKSON TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RFD # 3, Trenton, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 42 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. RFD # 3, Trenton, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME DANIEL D DARR

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife HATTIE D DARR

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb 23 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 9 15 hr. min.

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

10. Usual occupation Farming

11. Industry or business Farm

12. Name Miles Darr

13. Birthplace unknown - Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Lyban

15. Birthplace Livingston County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant * Mrs Hattie Darr

(b) Address Trenton, Missouri, RFD # 3

17. (a) Burial (b) Date thereof 12-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dodge, Candy, Grundy County

18. (a) Signature of funeral director Raymond Adams

(b) Address Trenton, Missouri

19. (a) 12-10-40 (b) Daniel Darr
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 4
year 1940 hour 12:55 minute 4 M.

21. I hereby certify that I attended the deceased from Dec 8th
1940 to Dec 8th 1940;
that I last saw him alive on Dec 8th 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic Thrombosis

Due to ??

Due to HTA

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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?

300 (Specify type of place) While at work? (e) Means of injury

23. Signature Oliver F. Duff (M. D. or other) M.D.
Address Trenton, Mo. Date signed Dec 8th 1940

Duration 20 minutes

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Robert B. Davis

Registered Apprentice No. *212*

working under my personal supervision.

Signed.....

P. Edward Berg

Licensed Embalmer No. *3423*

P. O. Address *Wenton 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..