

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10248

Registration District No. 104

Primary Registration District No. 5153

Registrar's No. 88

1. PLACE OF DEATH:
(a) County CALLAWAY
(b) City or town RURAL
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 1 years, months or days (Specify whether)

3. (a) PRINT FULL NAME MARCIA ADELLA DARBY
3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife SAM DARBY
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased MAY 21 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace CALLAWAY Co. MO. D
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER
12. Name EPHRAIM NUNNELLEY
13. Birthplace FAIRFAX Co. U.I.R.
(City, town, or county) (State or foreign country)

14. Maiden name EVERLYN SCHOLT
15. Birthplace CALLAWAY Co. MO. D
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E.L. BLACKBURN
(b) Address FULTON, MO.

17. (a) BURIAL (b) Date thereof 3/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation READSVILLE, MO

18. (a) Signature of funeral director Glen Y. Mays
(b) Address 700 COURT ST. FULTON, MO.

19. (a) Mar. 24, 1941 (b) R.N. CREW
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CALLAWAY
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 2
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd.
year 1941 hour 6/30 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 1939, 19____, to Present, 19____;
that I last saw her alive on March 23rd, 1941, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, of colon, probably originating in head of narcreas. Duration _____

Due to _____
Due to _____

Other conditions Starvation, unable to eat, wallow or assimilate food.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy No 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? 106

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature Glen Y. Mays (M.D. or other) _____
Address FULTON Date signed 3/24

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No. *2725-*

P. O. Address. *Fulton, 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, above space should be left blank.