No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12281

State File No.

Registration District No. 849 Primary Registration District No. 4515 Registrar's No. 38

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

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

2. USUAL RESIDENCE OF DECEASED: 105
(a) State Missouri (b) County Sullivan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Devold Darr
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rose Darr
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased November 2, 1864 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	4	8	hr. min.

9. Birthplace Adair County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Michael Darr
13. Birthplace Don't know (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Mary ?
15. Birthplace Don't know (City, town, or county) Don't know (State or foreign country)
16. (a) Informant Rose Darr
(b) Address Green Castle Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Green City Cemetery
18. (a) Signature of funeral director Glenn E Kent
(b) Address Green City Mo
19. (a) 3-31-41 (Date received local registrar) (b) Virginia Gibson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 10TH year 1941 hour 11:00 minute P M.
21. I hereby certify that I attended the deceased from 1-1-, 1941, to 3-10, 1941; that I last saw him alive on 3-10, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Lobar Pneumonia	2 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature K. E. Schurr (M. D. or other)
Address Green City Mo Date signed 3-11-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-41-678
Date Filed APR 10 1941

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City 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.