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

FILED MAY 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14231

State File No.

Registration District No. 163 Primary Registration District No. 5228 Registrar's No. 18

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

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: RURAL – Box Twp Tnr
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CEDAR 20
(c) City or town: RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: EUGENE M DAHARSH
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: Sadie Daharsh
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: March (Month) – 18 (Day) – 1876 (Year)

8. AGE: Years 66 | Months 0 | Days 16 | If less than one day hr. min.

9. Birthplace: O Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Henry Daharsh
13. Birthplace: / N.Y. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Irene Arnold
15. Birthplace: / N.Y. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Sadie Daharsh
(b) Address: R.1. ElDorado Springs. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-6-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Parky. Cem Cedar Co
18. (a) Signature of funeral director: Hurren-Seders
(b) Address: ElDorado Springs Mo
19. (a) 4-6-41 (Date received local registrar) (b) J H Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 4" year 1941 hour 10 minute a M.
21. I hereby certify that I attended the deceased from 3-19-, 1941, to 7-4-, 1941; that I last saw h alive on 4-2-'41, 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Pneumonia, bronchi (Interlobar)
Due to: 9 2 D
Due to:
Other conditions: Auricular fibrillation
(Include pregnancy within 3 months of death) and Myocardial ch
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: W A Elliott (M. D. or other) (Mo)
Address: Appleton City Date signed: 4-5-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-41-815
Date Filed 5-8-41

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 M D Lewis

Licensed Embalmer No. 2034

P. O. Address El Dorado Springs, Mo

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

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