

3-40  
7-39  
X23159

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: The Callaway Hospital  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution Two Weeks  
(Specify whether  
In this community fourteen years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Fulton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 305 State  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Lois Elaine Darling

3. (b) If veteran, name war no 3. (c) Social Security No. 497-10-0061

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife F. W. Darling 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Dec 14 1912  
(Month) (Day) (Year)

8. AGE: Years 28 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Cherokee Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Factory

11. Industry or business

12. Name Eugene D. Scott

13. Birthplace Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Felt

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

16. (a) Informant Mrs E. D. Scott

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof May 4, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director Paul Wallace

(b) Address Fulton, Missouri

19. (a) May 3, 1941 (b) R. N. Crave  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3  
year 1941 hour 5:30 minute 15 M.

21. I hereby certify that I attended the deceased from April 19, 1941  
1941, to May 3, 1941;

that I last saw her alive on May 3, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration

Due to Incomplete abortion 4PH

Due to aborted Criminal abortion?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Retained placenta

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? \_\_\_\_\_

106 While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature M. B. ... (M. D. or other) P

Address Fulton Mo. Date signed 5-4

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

4

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C

14  
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**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 *Harold J. Christy*

Licensed Embalmer No. *6002*

P. O. Address *Baltimore, Md.*

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

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