

FILED SEP 12 1941
 Registration District No. **183**

Primary Registration District No. **4109**

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

1. PLACE OF DEATH:
 (a) County Christian
 (b) City or town Nixa
 (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 1 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Christian
 (c) City or town Nixa
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Helda Ann Darr
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 29th
 year 1941 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from Aug 27
 _____ 1941, to Aug 29 1941

4. Sex female 5. Color or race W.
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Jack Darr 6. (c) Age of husband or wife if
 alive 60 years
 7. Birth date of deceased Nov 23 1873
 (Month) (Day) (Year)

that I last saw her alive on Aug 29 1941
 and that death occurred on the date and hour stated above.
 Immediate cause of death Heart Decompensation with edema Duration 5 hrs.

8. AGE: Years 67 Months 9 Days 6
 If less than one day _____ hr. _____ min.

Due to Chronic Endocarditis with valvular lesions 5 yrs.
 Due to _____

9. Birthplace Mo. A
 (City, town, or county) (State or foreign country)

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations ✓ 92e
 Of autopsy ✓

MOTHER FATHER
 11. Industry or business _____
 12. Name Jess Herd
 13. Birthplace Tenn
 (City, town, or county) (State or foreign country)
 14. Maiden name Jane Welsh
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant P. C. Harding
 (b) Address Nixa - Mo
 17. (a) Burial (b) Date thereof Aug 31-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation M=Connell

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) (e) Means of injury ✓

18. (a) Signature of funeral director J. W. Maples
 (b) Address Clever - Mo
 19. (a) Sept 4 1941 (b) Ida B. Hawkins
 (Date received local registrar) (Registrar's signature)

While at work? _____
 23. Signature P. R. Farthing (M. D. or other) _____
 Address Cyprus Mo Date signed 9-2-41

RECEIVED

District Health Officer No. 6,

District File Number 941-1439

Date Filed SEP 8 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.....

Licensed Embalmer No. 2985

P. O. Address Cleves, 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.