

S. No. 2
-1-4-41
5-17-39
P1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2917
Registrar's No. 47

Registration District No. 582

Primary Registration District No. 5779

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town RURAL - JACKSON Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 MI. S. OF PARIS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 26 YEARS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 4 MI. S. OF PARIS
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES EDWARD DARNELL

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. LOU BALL DARNELL
6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased FEB. 24, 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 7
If less than one day hr. min.

9. Birthplace MONROE CO., MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name JAMES DARNELL

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

14. Maiden name NIK.

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

16. (a) Informant Lou Darnell

(b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof Nov. 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CEDAR GROVE

18. (a) Signature of funeral director SPEED + BLAKEY
(b) Address PARIS, MO.

19. (a) Nov. 1, 1941 (b) F. A. Barnett, M. D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1941 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from 9-11-
1941 to 11-1-1941
that I last saw h.i.m. alive on 10-22-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 2 mo.

Due to

Due to

Other conditions 94 a
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature F. A. Barnett (M. D. or other) MD.

Address PARIS, MO. Date signed 11-1-41

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

RECEIVED

District Health Officer No. 10

District File Number 1-42-105

Date Filed JAN 15 1942

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

E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address

PARIS, 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.