

FILED MAR 9 1944

Registration District No.

Primary Registration District No. 4085

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

1. PLACE OF DEATH:

(a) County Cayroll

(b) City or town Hale
(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 all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cottawagemong

(c) City or town Hale
(If outside city or town limits, write "RURAL.")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edwin Finley Darley

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1944 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Feb 14, 1944, to Feb 15, 1944;
that I last saw him alive on Feb 15, 1944,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Darley 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: Nov. 24 1874
(Month) (Day) (Year)

Immediate cause of death: Acute Valvular Disease 1 yr

8. AGE: Years Months Days If less than one day

69 2 24 hr. min.

Due to

Due to

9. Birthplace: Bridge Creek Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 92 a

10. Usual occupation: Partner & Hardware Merchant

Major findings: Of operations

11. Industry or business: Hardware & Furniture

Of autopsy

12. Name: George Darley

Underline the cause to which death should be charged statistically.

13. Birthplace: Jiffia Ohio
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Shuler

15. Birthplace: Jiffia Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant: Nelson Darley

(b) Address: Hale Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 15 1944
(Month) (Day) (Year)

(c) Place: burial or cremation: Maple Cemetery

18. (a) Signature of funeral director: W. E. Slater

(b) Address: Hale Mo.

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: Sl

23. Signature: Dr. Philip A. Walsh (M. D. or other) DO.

Address: Hale, Mo. Date signed: 2-15-44

RECEIVED
District Health Officer No. 8,
District File Number 3-8-44
Date Filed 6/20/44

NOV 2 1944

NOV 2 1944

NOV 1 1944

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 Frank E. Slater
Licensed Embalmer No. 937
P. O. Address Nob. 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.