

FILED JUN 12 1944

Registration District No. 574

Primary Registration District No. 3058

Registrar's No. 81

1. PLACE OF DEATH:

(a) County St Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
313 N. Kingshighway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Fanney Darnell

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, Divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 29, 1864  
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 8 If less than one day hr. min.

9. Birthplace Wentzville, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Wm. Darnell

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

14. Maiden name Mary E. Jacobs

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

16. (a) Informant Mrs. J. Jacobs

(b) Address St Charles Mo

17. (a) Burial (b) Date thereof May 9, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director H. K. Kupper - Bur

(b) Address 376 N 6th St St Charles Mo

19. (a) MAY 9, 1944 (b) Conrad G. Paul  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 313 N. Kingshighway  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
year 1944 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 6  
1933, to May 7, 1944  
that I last saw h. e. r. alive on April 6, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular disease of the heart, mitral regurgitation Duration 11 yrs +

Due to ✓

Due to ✓

Other conditions none  
(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) no

(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 Will E. Freeman (M.D. or other)

Address St Charles Mo Date signed 5-9-44

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

MOTHER, FATHER

1340

RECEIVED  
District Health Officer No.  
District File Number  
Date Filed 6-9-44

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 *Arthur C. Gail*  
Licensed Embalmer No. *3155*  
P. O. Address *St Charles 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.**