

FILED NOV 7 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 183

Primary Registration District No. 4297

Registrar's No.

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Purdin
(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 _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Purdin
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXXXX

3. (a) PRINT FULL NAME Bevera F. Darr

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thora Darr 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 20 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>4</u>	<u>24</u>	hr. _____ min.

9. Birthplace Sullivan Co. Missouri
(City, town, or county) (State or foreign country)?

10. Usual occupation Manager Telephone Exchange

11. Industry or business Telephone Office

MOTHER FATHER

12. Name Patrick Darr

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

14. Maiden name Eleanor Browning

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

16. (a) Informant Mrs Thora Darr

(b) Address Purdin, Missouri

17. (a) Burial (b) Date thereof 10/16/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purdin Cemetery

18. (a) Signature of funeral director Thorne Undt, Co.

(b) Address Linneus, Mo. (D.H. Taylor)

19. (a) Oct 25, 1946 (b) Elna Crowl
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th.
year 1946 hour 10:30 minute a. M.

21. I hereby certify that I attended the deceased from Jan 1946 to Oct 14 1946
that I last saw him alive on October 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic lymphatic leukemia

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 74R
Of autopsy _____

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) (c) Means of injury J

23. Signature J.R. McArthur (M. D. or other) _____
Address Browning, Mo. Date signed 10/15

Duration 1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

32920

DEC 9 1945

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *Dora A. Taylor*

Licensed Embalmer No..... *3761*

P. O. Address..... *Linn, 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.