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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40114**

FILED DEC 19 1946

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 211

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Kennett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Presnell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2 weeks  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Braggadocio Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Route 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Samuel Darnell

3. (b) If veteran, name war X 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 Grace Darnell 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased April 7, 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 7 17 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name John W. Darnell  
13. Birthplace McNary, Co., Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Darnell  
(b) Address Braggadocio, Mo.

17. (a) Removal (b) Date thereof 11/24/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H. A. Smith Funeral Home  
(b) Address Daruthersville, Mo.

19. (a) 11-28-1946 (b) Carl Husband  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24  
year 1946 hour 12 minute 06 A.M.

21. I hereby certify that I attended the deceased from 11-11-46, 1946, to 11-24, 1946  
that I last saw him alive on 11-24, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema  
Due to Cardiac Decompensation

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 450  
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) (e) Means of injury \_\_\_\_\_  
23. Signature H. A. Smith (M. D. or other) \_\_\_\_\_  
Address Kennett, Mo. Date signed 11-28-46

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

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

**RECEIVED**

District Health Office - No. 2

District File Number 1246-1432

Date Filled 12-12-46

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**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 James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.**