S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1036

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 177

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 722 Virginia Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 722 Virginia Ave (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Darnell
3. (b) If veteran, name war None
3. (c) Social Security No. 491-20-1821
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) 4, (Day) 1879 (Year)

8. AGE: Years 69 — Months 5 Days 28 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Janitor
11. Industry or business Apt.
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) — (State or foreign country)
16. (a) Informant Mrs. N. S. Dalton
(b) Address 722 Virginia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn Cem. K.C.K.
18. (a) Signature of funeral director C. C. Davis
(b) Address 1513 Troost Ave
19. (a) 1-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2, year 48 hour 6 minute 55 P. M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19 to 19; that I last saw a alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Due to Hypertensive Heart Disease
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 93D
Of autopsy No Permit

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address 2636 Brooklyn Date signed 1-6-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 C. E. Davis

Licensed Embalmer No. 4417

P. O. Address Tr. C. 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.