

FILED APR 24 1942

State File No. _____

Registration District No. _____

Primary Registration District No. 206

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Andrew
 (b) City or town Rural Empire
 (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) 1
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 54 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 002
 (c) City or town _____ (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME FLORA ELIZABETH FARROW

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, Divorced Widowed
 6. (b) Name of husband or wife Minrod Farrow 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Mar. 10, 1865 (Month) (Day) (Year)

8. AGE: Years 77 Months ? Days 3 If less than one day hr. _____ min. _____

9. Birthplace Mad Kindville (City, town, or county) N.C. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Reel
 { 13. Birthplace N.C. (City, town, or county) (State or foreign country)
 { 14. Maiden name Sarah A. Parks
 { 15. Birthplace N.C. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carl B. Harris
 (b) Address Union Star Mo.

17. (a) Burial (b) Date thereof Mar. 15, 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City, Mo.

19. (a) 3-14-42 (b) F. B. Fentelman (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1942 hour 8 minute 0 P. M.

21. I, hereby certify that I attended the deceased from March 11, 1942 to March 16, 1942 that I last saw her alive on March 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion Duration _____
 Due to Nervous Paralysis
unable to determine
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy NO 8/7/23 PHYSICIAN _____

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 0
 23. Signature E. M. Reynolds (M. D. coroner)
 Address Union Star Mo. Date signed 3-14-42

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..... *Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address *King City, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10013
Registrar's No. 19

Registration District No. 2

Primary Registration District No. 206

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Rural
(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 Andrew
(c) City or town Rural - Empire Twp
(If outside city or town limits, write "RURAL")
(d) Street No. P. 7. 10 Union Star
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Flora E. Farrow

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race w

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased mar 10
(Month) (Day) (Year)

8. AGE: Years 77

Months _____

Days _____ if less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3-14-42 (b) JH. Fritchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
to _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
(Immediate cause of death) _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(b) 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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

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