

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECD JAN 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42143
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 16
(b) Township Rochester Primary Registration District No. 5020 Registered No. 13
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ninrod Fleming Farrow

(a) Residence, No. near Savannah Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m.</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Flora E. Farrow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 16, 1860</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>11</u>	DAYS <u>12</u> If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>1936</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Andrew County Missouri</u>		
13. NAME <u>Ninrod Fleming Farrow</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Susan Sumner</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT (ADDRESS) <u>Mrs Carl B. Harris Savannah Mo RR 3</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Star, Mo</u> DATE <u>Dec. 30 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Leila M. Wilson King City, Mo.</u>		
20. FILED <u>Dec. 29 1938</u> <u>Lara E. Frank</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1938 to Dec 28 1938.
I last saw him alive on Dec 25 1938 Death is said to have occurred on the date stated above, at 8:00 m.
The principal cause of death and related causes of importance were as follows:

Myocarditis deg
Congestive Heart Failure
930
Other contributory causes of importance:
Myocarditis deg

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Walter J. Meyer, M. D.
14 (Address) Savannah Mo

STATEMENT BY LICENSED EMBALMER

I, Lucile M. Wilson, Licensed Embalmer No. 2830

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Lucile M. Wilson

Licensed Embalmer No. 2830

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.)