

1939 AUG 7 1939

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

26306
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 592
(b) Township Montgomery Primary Registration District No. 5790
(c) City Near Montgomery City (d) Street No. _____ St.
(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 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 19

2. PRINT FULL NAME Catherine Farnen

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm J. Farnen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 th 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

FATHER 13. NAME Thomas Walsh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Un Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) John Farnen
Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cem. DATE 7/22/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. W. Hopkins
Montgomery City Mo

20. FILED July 21, 1939 Beull Menefee
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 th 1939

22. July 16, 1939 I HEREBY CERTIFY, That I attended deceased from July 20, 1939
er July 20, 1939
I last saw h. er alive on _____, 19____. Death is said

to have occurred on the date stated above, at 6am m.
The principal cause of death and related causes of importance were as follows:

1. Myocarditis, chronic
2. Asthma, cardiac
3. Arterio-sclerosis

Date of onset

Other contributory causes of importance: 93C

Name of operation _____ Date of _____
What test confirmed diagnosis Phys. Exam Was there an autopsy? No

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? NO...
If so, specify _____
(Signed) Beull Menefee, M. D.

(Address) Montgomery City, Missouri

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.

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, on the 20th
day of July 1939....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 1487

P. O. Address Montgomery 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, above space should be left blank.