

REC'D AUG 7 1939

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

26644
Do not use this space.

1. PLACE OF DEATH
 (a) County Ray Registration District No. 743
 (b) Township Orwick Primary Registration District No. 5970 Registered No. 20
 (c) 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME STILL BORN FARRIS
 (a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-10-39
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc.
 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) Ray Co. Mo.

FATHER 13. NAME Clarence Marshall Farris
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orwick Mo.

MOTHER 15. MAIDEN NAME Alice Irene Cooley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orwick, Mo.

17. INFORMANT Clarence Farris
 (ADDRESS) Orwick, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Family Cem. DATE July 10 1939

19. FUNERAL DIRECTOR Clarence Farris (father)
 (ADDRESS) Orwick, Mo.

20. FILED 7/18/1939 Ed Campbell, M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1939
 22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.
 I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Stillborn
 Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Ed Campbell, M. D.
 (Address) Richwood, Mo.

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.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)