

REC'D OCT 10 1939

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

32321

Do not use this space.

1. PLACE OF DEATH *Dunklin 2*
- (a) County *Dunklin 2* Registration District No. *289*
- (b) Township *1* Primary Registration District No. *H173* Registered No. *52*
- (c) City *Malden* (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 *Wale Edmund Farmer*
- (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 <i>Male</i>	4. COLOR OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <input checked="" type="checkbox"/>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 4 - 39</i>		
7. AGE	YEARS	MONTHS
	<i>-</i>	<i>-</i>
		DAYS
		<i>5</i>
		If LESS than 1 day, hrs. or min.
OCCUPATION		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>		
9. Industry or business in which work was done, as saw mill, bank, etc. <input checked="" type="checkbox"/>		
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) <i>Malden Mo. O.</i>		
FATHER	13. NAME <i>Alvin J. Farmer</i>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo. A.</i>	
	15. MAIDEN NAME <i>Sylvia Whitaker</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>	
17. INFORMANT (ADDRESS) <i>Father Malden Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Malden Mo</i> DATE <i>Sept 9 1939</i>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>Rose</i>		
20. FILED <i>9/8</i> 19 <i>39</i> <i>S.E. Mitchell</i> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 8 1939*

22. I HEREBY CERTIFY, that I attended deceased from *Sept 4 1939* to *Sept 8 1939*

I last saw him alive on *Sept 8 1939*. Death is said to have occurred on the date stated above, at *8 a. m.*

The principal cause of death and related causes of importance were as follows:
Organic Heart Disease

Date of onset *8-29-39*

Other contributory causes of importance:
157C

Name of operation *none* Date of _____

What test confirmed diagnosis? *clinical* 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) *Homer Beall* _____, M. D.
(Address) *Malden Mo*

RECEIVED

District Health Officer No. 3,

District File Number 1039-585

Date Filed 10/6/39

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.....

Licensed Embalmer No.....

P. O. Address.....

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.