

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

36962

Registration District No. 725

Primary Registration District No. 59602

Registrar's No. _____

1. PLACE OF DEATH:

(a) County RALLS JASPER TOWNSHIP
(b) City or town _____
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community LIFE years, months or days

3. (a) PRINT FULL NAME 652
GEORGE MAY FARNSWORTH

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ENOS FARNSWORTH 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased JULY 18 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace RALLS COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

MOTHER FATHER { 12. Name DAVID TURNER

13. Birthplace MO. (State or foreign country)

14. Maiden name BERRY ELLIS (State or foreign country)

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

16. (a) Informant's own signature Byrl Cugen

(b) Address CENTER, MO.

17. (a) VANDALIA MO (b) Date thereof OCT 13, 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA MO

18. (a) Signature of funeral director Wesley R. Turner

(b) Address CENTER MO

19. (a) 10/18/39 (b) Wesley R. Turner
(Date received local registrar) (Registrar's signature) 9.57

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County RALLS
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT 11 day _____ year 1939 hour 7 minute 25 M.

21. I hereby certify that I attended the deceased from Aug. 30-1939, 19____, to Oct 11, 1939; that I last saw her alive on Oct. 1, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lungs Duration 3 - months

Due to Pathologic carcinoma of right breast

Other conditions (include pregnancy within 3 months of death) 50

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)
(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 _____

23. Signature W. K. McCall (M. D. or other) _____
Address Laddsville MO Date signed _____

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

Rev. 5-17-39

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.

RECEIVED

District Health Officer No. 10

District File Number 11-39-2009

Date Filed NOV 16 1939

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

Signed

Frank H. ...

Licensed Embalmer No.

3356

P. O. Address

Center 210

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.