

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.

NOV 24 1939

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

757460  
Do not use this space.

1. PLACE OF DEATH

(a) County Wenon Registration District No. 875  
(b) Township Center Primary Registration District No. 3039  
(c) City Nevada or Nevada (d) Street No. 1109 E. Perry 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. da. (f) How long in U. S., if of foreign birth?  yrs. mos. da.

2. PRINT FULL NAME

Nepoleon B. Farris  
(a) Residence, No. 1109 E Perry St 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Farris  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1963  
7. AGE YEARS 74 MONTHS 7 DAYS 66 IF LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Former  
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) St Joseph Missouri

13. NAME Nepoleon B. Farris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Hilda Norn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

17. INFORMANT (ADDRESS) Earl Farris  
Arkansas

18. BURIAL, CREMATION, OR REMOVAL Moore Cemetery DATE Oct 19, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home  
Thursday, Mo

20. FILED Oct 26, 1939 Allen D. Farris  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1939, 1939, to Oct 17, 1939, 1939.  
I last saw him alive on Oct 13, 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Heart failure  
concomitant  
hypertension  
Date of onset 9/20

Other contributory causes of importance: cut a very heavy  
suffered heart attack  
was found dead in bed

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) H. W. J. J. J. J., M. D.  
715 (Address) Arkansas

RECEIVED

Distric. Health Officer No. 7,  
Distric. File Number 7-39-154  
Date Filed 11-6-39

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

Signed Lloyd B. Winscott  
Licensed Embalmer No. 2867  
P. O. Address Nevada, 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.